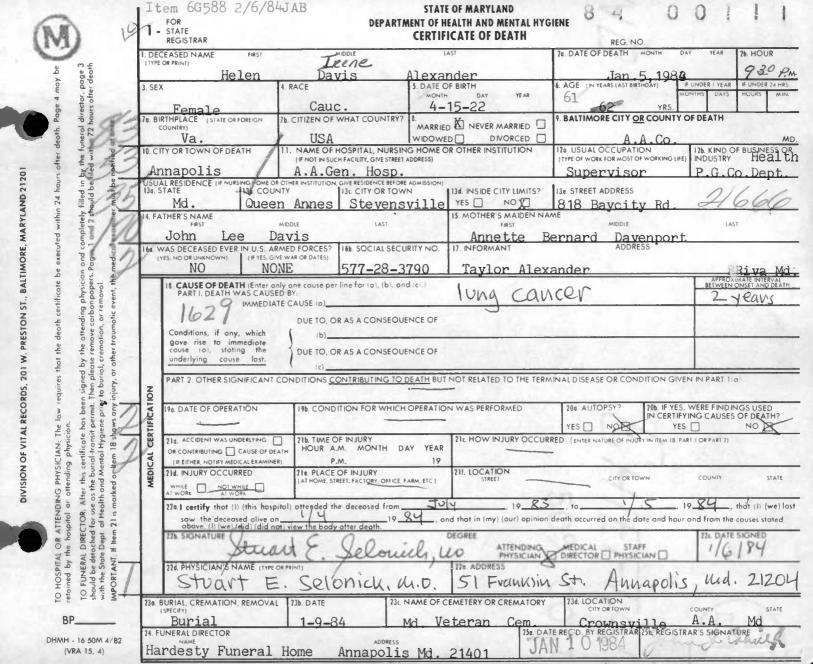
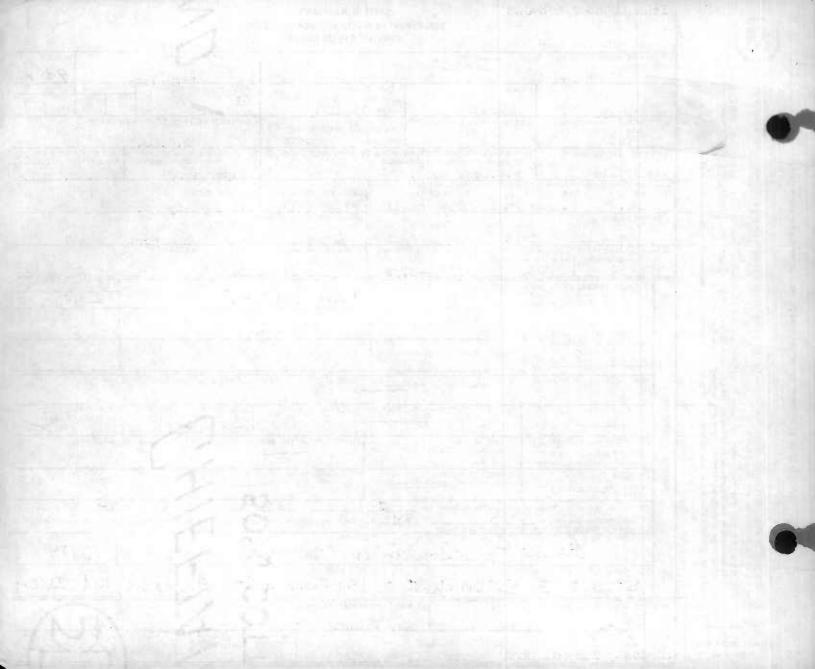
6		FOR		DEDAG		OF MARYLAND EALTH AND MENTAL H	VOTENE B	1 0	0 1	0 9
0	-	STATE REGISTRAR		DEPAR		ICATE OF DEATH		REG. NO.		
(B)	I. DECE	ASED NAME FIR	st 0	WIDDLE	Acid	- (1 '6)	20. DATE OF DE	ATH MONTH	DAY YEAR	26. HOUR
d contract	3 SEX	MAR	14E	E. /	5. DATE C		6 AGE (IN YEAR)		15 UNDER I YEAR	1/ /4M
ctor, I		Male		ite	Dec	DAY YEAR		78 YRS.	MONTHS DAYS	HOURS MIN.
h. Pog	7a BIRT	HPLACE STATE OR FOREIG	N 76. CITIZEN	OF WHAT COUNTR	V2 0	XXNEVER MARRIED	9. BALTIMORE	CITY OR COUNTY	OF DEATH	
death funer thun 7.		uba OR TOWN OF DEATH		iban	WIDOWE		1 /4.	17. Co.	12h KIND	MD. OF BUSINESS OR
s after by the iled with	1	MAPO / S		SUCH FACILITY, GIVE STRI	EET ADDRESS)	eneral		R MOST OF WORKING LIE	New	
0 0 0/18	USUAL 13a ST	RESIDENCE HE NURSING H	OME OR OTHER INSTITUT	134. CITY OR TO	ORE ADMISSION)	13d INSIDE CITY LIMITS		oress / zip code		
should be should		ryland A	A. Co.	Annap	olis	YES NO X		ellerive	Dr.	21401
d with	Jos	FIRST	uio Agu	iero y A	guero	FIRST		Soto	Lugar	d•
ond car Poges 1	16a WA	S DECEASED EVER IN U		S? 166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS	21	.403
9 0 0 E	1	No.		261-95	-5143	Elina I.A	guero410	Duvall		nnapolis
quires that the death as signed by the attending her please remove carbonial, cremation, or ather traumotic liury, or ather traumotic		underlying couse lo	ch (b) the DUE TO	O, OR AS A CONSEC	DUENCE OF	NOT RELATED TO THE TE	rminal disease c	R CONDITION GIV	VEN IN PART 1	10
The low requirion. The hos been significant. The green in the shows only injury to the shows only injury the shows only i	CERTIFICATION	90. DATE OF OPERATION	19b. CC	INDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CERTIF	S, WERE FIND FYING CAUSE	
IAN: T physici trificote I-transi al Hygo		10. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE)	OF DE ATH HOUR	AE OF INJURY R A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTERNATUR	E OF INJURY IN ITEM 18	PART I OR PART 2)	
ING PHYSIC r attending ufter this cer as the burio th and Ment arked or Iten	¥	Id. INJURY OCCURRED WHILE NOT WHILE (T WORK	21e PLA	ACE OF INJURY SE STREET, FACTORY, OFFIC	100	211 LOCATION STREET		ITY OR TOWN	COUNTY	STATE
ATTENDIN ospital or eCTOR: Af for use a d for use a t af Health		20 1 certify that (1) (this saw the deceased all above, (1) (we) (4)				nd that in (my) (authopini	on death occurred o	n the date and hou	19.84 or ond from the	, that (I) (we) dist
She Done		22b. SIGNATURE	did not) view the b			DEGREE ATTENDING PHYSICIAN		STAFF PHYSICIAN	DE DATE	San SU
TO HOSPITAL 1 TO FUNERAL 1 should be deto with the State 1		224 PHYSICIAN'S NAME	(TYPE OR P	0		220 AODRESS			1	
		RIAL, CREMATION, REM				EMETERY OR CREMATOR	CITY OR	OWN	COUNTY	STATE
BP	24 FUI	Cremation VERAL DIRECTOR	Jan	24, 84	Green	MountCeme	tery Ba.	STRAR 256 REGIS	Mary TRAR'S SIGNA	TURE
DHMH - 16 50M 4/83 (VRA 15, 4)	100	lliam E.	Tohnson	8521 Loc	h Rav	100	TAN 231	984 /	and	Cahulf

toothe .el avaluated by the man of the first test test • The product of the product of the second of managers of saleman A. Dr. Br. D. C. Porque S. L. ania. 175 1-19-1-3 1---- d. tel man and stated the second described the second second

STATE OF MARYLAND

and the second of the second o and the state of t de la constant dons, "L'h fillet et ide."



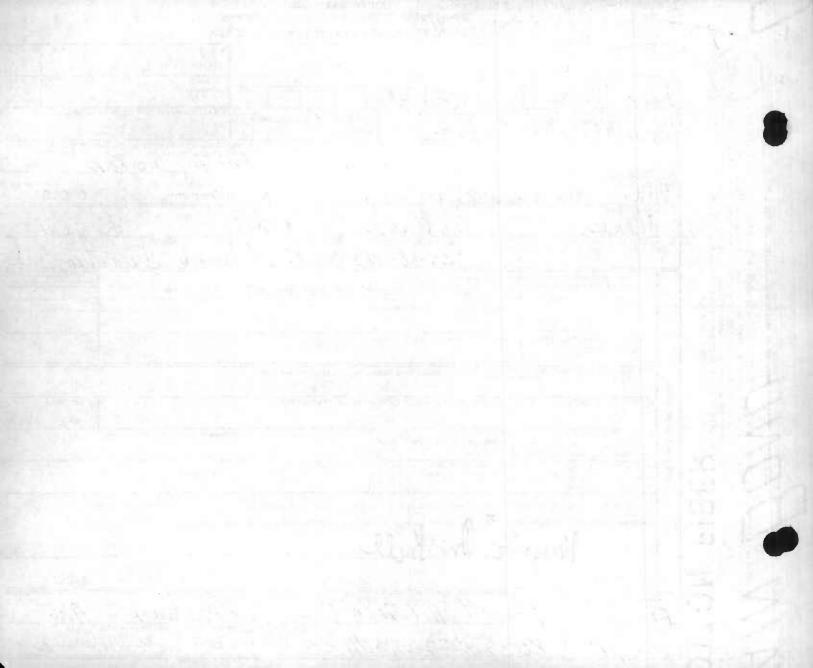


Line to the definition of the control of the contr Elstan Connection The state of the s

0	-6	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	GIENE REG. N	10.	U	1 3
			CEASED NAME	FIRST		MIDDLE	L	AST	26. DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR
	be 3 eoth	LIAME	Evelvn	Her	sperge	r Ande	rson		Jan.1.	1984		0125M
	tor, page 3 after death	3. SE		ner	4. RACE	.i amuc	S. DATE C		6. AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	
	s of		Female		Cau	10.	NONTH	DV . 14 . 1904	79	YRS	MOINING DATS	HOURS MIN.
	Pool 1		RTHPLACE STATE OR	FOREIGN		WHAT COUNTRY	8.	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	nero nero		olesville	Md	USA		WIDOWE		AACo.			MD.
	with de	10 C	TY OR TOWN OF DE	ATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	126 USUAL OCCUPAT			OF BUSINESS OR
10	to to	Ch	urchton		1222	Gwynn_Ave			secretary	J. 110	IIS G	
212	hour din	USU. 13a. S	AL RESIDENCE IF NUR	136 COU			RE ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		-7/	1722
QN NO	filled fould in	M		AACc		Churchte		YES NO		n Ave	X	1100
RYL/	The state of the s	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME		LA	ST
W	ond and a		lmer Clayt		ersperge			Anna Poole	Sellman			
ORE,	y dicol		VAS DECEASED EVER		RMED FORCES?	166 SOCIAL SEC		17. INFORMANT	ADDR			
IMO	Pool of me	i	10			578 32 8	3765	Eleanor Bri	ngs,Gambril	Ls,Md.		
BAL	ysicio opera val.		18 CAUSE OF DEAT PART I. DEATH V	H (Enter o	nly one couse pe	r line for 7, (b), a	nd (ci.)	1	 -		BETWEEN	XMATE INTERVAL ONSET AND DEATH
ST.,	a ph an p		PARTI. DEATH V		TE CAUSE (0)	Can	clea	e Anne	254			
NO NO	th ce carb carb		4275	16	DUE TO, C	R AS A CONSEQU	ENCE OF					
EST	death offend opte co offion, o		Conditions, if ony		(b)_							
W. PR	by the ose remil, cremi		cause (a), statu underlying cause	ng the	DUE TO, C	OR AS A CONSEOU	JENCE OF					
IDS, 20	quires, a signed hen ple to burio	NO	PART 2 OTHER SIG	HIFICANT	CONDITIONS C	E DI	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COI	IDITION GIV	VEN IN PART 1	(0,
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1	n. ne prior	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	OTTION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FIND FYING CAUSE ES [7]	
IT A	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	CERT	21a. ACCIDENT WAS UN	DERLYING [21c. HOW INJURY OCCU				
OF.	Ad and		OR CONTRIBUTING		AIR	.M. MONTH D	AY YEAR	17.00				
NO	HYSK ding ding his cer burio Men	MEDICAL	21d. INJURY OCCUR		21s PLACE	OF INJURY		21f LOCATION	CITY OR T	DWAL	COUNTY	STATE
IVISI	offer offer the sthe hond	Σ	MHILE NOT W	HILE D	(AT HOME, ST	TREET, FACTORY, OFFICE.	FARM, ETC)	SIREET	CHYOKI	J WIN	COOM	STATE
۵	A A A A A A A A A A A A A A A A A A A		22s.I certify that (I	(this hosp	ital) attended t	he deceosed from,		, 19	, to			, that (1) (we) last
	TTE pito CTO		sow the decease above, (1) (we) (ed olive or did) (did no	ot) view the bo	after Syath.	, 0	nd that in (my) (our) opinion	death accurred on the	date and hav		
	the has a DIREctorhed to Dept.		22b. SIGNATURE	len	P	of s	MO	DEGREE ATTENDING PHYSICIAN	MEDICAL ST		22c. DAL	AN 84
	TO HOSPITA etoined by TO FUNER should be d with the Sto		22d. PHYSICIAN'S N	AME (TYPE	OR PRIND	anes	ma	220 ADDRESS A	merica		2	1035
	Show with	230	BURIAL, CREMATION	REMOVAL	L 23b, DATE	1230	NAME OF C	EMETERY OR CREMATORY				
	BP	230.	SPECIFY)	, KLMOVA	-			acacy Cem.	Bellsv	ille	Mon	t. STATMd
	1	24. F	Burial UNERAL DIRECTOR	1	Jan	. 3 . 1904			TE REC'D. BY REGISTRA			
	DHMH - 16 50M 4/82 (VRA 15, 4)	1	Hardesty	Fun	eral H	ome An	nanol	is Md.	AN 3 1984	Sol	. 0	B. C. A.
			indi debey	I CALL	OI GI II	Ome All	TOOP	110.		1000	THE RESERVE OF	377 5

Carries Arrest Malle - f yours on a grant of William H. Tonesman Was America Co. 31055 AND THE STATE OF T

		EASED NAME OR FIRST OF FREE LOUIS	MODIE DATE OF BIRTH 16. AGE	Anderson	IN DATE KNOWN X	1/22/84 ₁₉ _м
*	m	ele hegro S	in 2 1940 4	YRS HOUSE DAYS HOURS A	PRONOUNCED DEAD	1/22/84 ₁₉ P M
HIGH S	K	relate CA Va	U. S.A.	MARRIED MINEVER MARRIED WIDOWED DIVORCED OME, OR OTHER INSTITUTION	Anne Arun	del County MD.
21	F	RESIDENCE OF THE SUBSTRUCTIONS OR ON		ospital	FACTORY W.	orker OR INDUSTRY
20	7	THE WAS NAME A	readile Jot h	VN A 134 INSIDE CITY LIMITS? I YES NO IS NO IS	NAME MENU	00000
DIVISION DIVISION DI		AS DECEASED EVER IN U.S. ARMED	FORCES? THE SOCIAL SEC	URITY NO. 17 INFORMANT	Chy ADDRESS	Logan 0
DE: PACE 3 SHOULD BE USED AS A BURNAL - TRANSIT PERMIT HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGEINE C ND. 21201 FRICE TO BURIAL, CREMATION, OR REMOVAL.		Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONT	DUE TO, OR AS A CONSEQUENT (b) DUE TO, OR AS A CONSEQUENT (c) ENUTING TO DEATH BUT NOT RELATED TO THE		Lon	
1	THC	1% DATE OF OPERATION		OPERATION WAS PERFORMED?		28. AUTOPSY? YES X □ NO □
3	18	210 EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA 214 INJURY OCCURRED WHILE ☐ NOT WHILE ☐ AT WORK ☐ AT WORK	THE TIME OF INJURY HOUR A.M. MONTH DAY TH P.M. I TIMET, FACTORY, FARM, ETC.	The second secon	CITA OF JOHN	COUNTY STATE
			the committee of the Standard Standard Standard	on Autopsy X, Impection	. Inquiry . on	d in my opinion
AFTER DEATH WITH THE STATE DEPAR BALLIMORE MARYLAND, 21201 PRICH	Section Section	27s. Learnly that I took charge of death resulted from: Notural c ACTUAL SKINATURE	[S]	Soicide . Homicide .	Undetermined manner	DATE SIGNED 1/23/84



. destre destruction destruction destruction admired accepts (LLLS) remaining DOE of the selling method of the selling selling and the selling sell TOTAL STATE OF THE PARTY OF THE STATE OF THE eng symbol to the second of th Manager Committee of the Committee of th CE CEE COLLEGE COLLEGE COLLEGE things with a said out to be a received to

	1 -	STATE REGISTRAR CEASED NAME FIRST	MIDDLE		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	H DAY YEAR 2b HO
	(TYPE	ORPRINT) BETTY	ANN	BAR	NES	JAN. I	10, 1984 9
	3. SEX	EMPLE	4 RACE	5. DATE (OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
1	70 BII	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNT	Ju	ne 14, 1951	32 9 BALTIMORE CITY OR CO	YRS.
35	CC	Md	U.S.A.	WIDOW		ANNE ARU	NOEL CO.
20	10 CI	ry or town of death Pasadena	11. NAME OF HOSPITAL, NU LIFNOT IN SUCH ACTUITY, GIVE S 703 PASAL		Pal 2/122	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Sectretary	(ING LIFE) 12b. KIND OF BUSIN LINDUSTRY Cott Bldg
35	13a S	AA I		TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 703 Pasadena	Rd. 21122
E)26		THER'S NAME FRANCIS	A. Bre	ighnen	15 MOTHER'S MAIDEN NAM	W. MIDDLE	Miles
medica	(1	VAS DECEASED EVER IN U.S. AF LES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIALS REWAR OR DATES) 219-64	4-8800	Ada M. Sterl	ing same as i	13 E
motic event, the		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) DUE TO, OR AS A CONST	PSI'S	200	p/ 11.	APPROXIMATE INTE BETWEEN ONSET ANI 2 d
Jry, or other frou	7	Conditions, if ony, which gave rise to immediate cause (a), stafting the underlying cause last	DUE TO, OR AS A CONS	EQUENCE OF CREATI'S			14 mor
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATIO	ON WAS PERFORMED		IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEA YES \rightarrow NO
9		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	
rked or II	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		211. LOCATION STREET	CITY OR TOWN	COUNTY S
ош s: 17 (saw the deceased alive or	ital) attended the deceased from 10 - 23	100	nd that in (my) (our) opinion of	, ta	19, that (1) (1) and hour and from the causes st
APORI ANI: II IIEI		226. SIGNATURE 226. PHYSICIAN'S NAME TYPE O	Rot	1sn	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN [22c. DATE SIGNED
5		URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

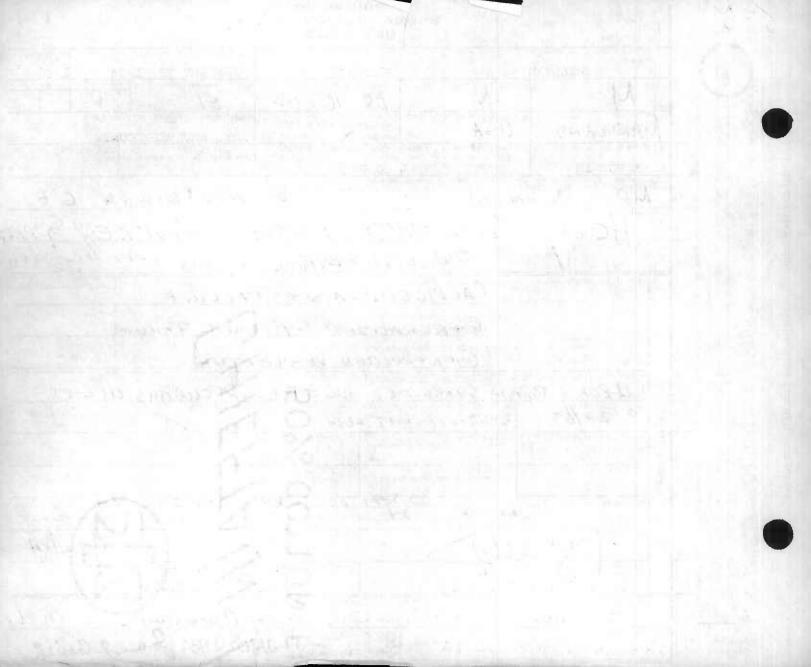
		SHAP THE P				
\$	O.A.		9.43	A PAR	1133 1	
	SC.			HUS	FEMPLE	
WEL 50.	X AULE ERE				.57	
South Blee	oncinetary.	25115 72	LANGUARA .	703	Pradicts.	
16. 21122	70) 10,000	X	in one is	o 212 300		
eel i		2,7	inciplinet		l recis	
38	د زی دسویم ا		037-17-76	//	6	
			A Sept.			
	N					
	10					
, , ,	, a 1 s a), mse , a	oleni, li	W Celar b	1-1-	la l	
			NEW ROOMS CHI			

Cecepia Lawa Dagney tomple Who a 4/10 01 82 and THURNER TO MENTALL THE PARTY OF THE P Section 1 to the property of t the cold the last of the last

39	1.	FOR STATE REGISTRAR				ARTMENT OF H	ICATE OF E	MENTAL HYG		REG. NO		0 1	EST
i f		CEASED NAME OR PRINT)	PETER		J	BAUSC	H			ANUARY		, 1984	26. HOUR 0222 P
1	3. SE	Male	4.	RACE Whit	e.	5. DATE (YEAR 1897	6. AGE (I	NYEARS LAST BIRT		IF UNDER 1 YEAR	HOURS MIN.
35		RTHPLACE (STATE COUNTRY) Maryland	OR FOREIGN 71		WHAT COUN'	TRY? B MARRIE WIDOWS	D X NEVER			ORE CITY OF	COUNTY	OF DEATH	Y
10/4	10. C	GLEN BUR		1. NAME OF	HOSPITAL, NU	IRSING HOME OF	OR OTHER INS		TYPE OF W	AL OCCUPATION OF THE PROPERTY		12b. KIND C INDUSTRY Amer.	OF BUSINESS OF
35	13a. :	AL RESIDENCE (IF NOTATE) Md	13b COUNT		GIVE RESIDENCE E		13d. INSIDE C	NO 🗽	311	Doris	Ave	212	25
exomine		THER'S NAME FIRST John		IDO i E		rszcz		S MAIDEN NAM FIRST Anna	ME	MIDDLE		Wed	rzynska
the medico		VAS DECEASED EV YES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)		3-9951	Pearl	Weeks	3903	Jarr Federa	ettsv	1 Rd	Md21084
njury, or ather troum	NO	Canditions, if o gave rise to cause (a), ste underlying ca	immediate ating the use lost.	(c)	ONTRIBUTING		NOT RELATED) TO THE TERM	INAL DISE.	ase or cond	ITION GIV	EN IN PART 1	la:
kedor Item 18 shows ony	CERTIFICATION	190 DATE OF OPE	ration	19b. COND	ITION FOR WI	HICH OPERATIO	N WAS PERFO	DRMED	20a AL	ITOPSY?	IN CERTIF	, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
Hem 18 st		210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DEATH		OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW IN	IJURY OCCURE	RED (ENTER	NATURE OF INJUR	Y IN ITEM 18 P	ART I OR PART 2)	
rkedor	MEDICAL	21d. INJURY OCCI	WHILE WORK		OF INJURY REET, FACTORY, OF	FICE, FARM ETC }	211. LOCATION			CITY OR TOV	VΝ	COUNTY	STATE
n 21 is mo		abave, (1) (we	(I) (this haspita cosed alive on_ e) (did) (did nat)	1/3	1	~ 40	nd that in (my)	, 19 (our) opinian o	, to death accy	rred on the da			that (1) (we) los causes stated
NT. If Hen		276. SIGNATURE		hop	he	, Mi	DEGREE 22e ADDRES	-		OR PHYSIC	IAN 🗌	22c. DATE	SIGNED
IMPORTANT		НАМП	TOWHII	TAN, M	LD.		р	ASADENA	MAR	UNTAIN YLAND			
4		BURIAL, CREMATIO SPECIFY) Buria	1	236. DATE 1/5/3		St. St	emetery or anisla	us Cem	Ba	CATION HY OR TOWN		COUNTY	STATE
4/82		Heorge J.		4001	Ritchi	e Hgwy		250. DAT	AN 4	REGISTRAR	Sb. REGIST	RAPS SIGNED	y Establish

				1		
				211		
	ments stock					
in .mm					MARIE PRIC	
	ava been		[†]		p 4	
State AMIN State 1 de de Paris						
			Street, et	La		
	nd with the se					
	THE WIND PAGES.	Good Walls				

3	13	1 - STATE REGIST	RAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT	TAL HYGIEN	NE 8 4	0 0	I I 9
	(1)	1. DECEASED	NAME FIRST	MIOOLE	LAST	26	DATE OF DEATH MONTH	H DAY YEAR	2b. HOUR
	(Ai)	(C ON VARIATY	WILLIAM	M	BLAGMOND		JANUARY 23,	1984	1:40 PM
	ed pos	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR 6.	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
	leoth. Po in 72 hou	170. BIRTHPLAC	E (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	RIED 🔟	BALTIMORE CITY OR CO		MD.
-	by the fulled with	GLEN E	OWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDEI	AOORESS)		IN USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK		OF BUSINESS OR
JD 21201	filled in bround be filled in bround brou		ENCE (IF NURSING HOME O	PROTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LE		CALL DODGES	22	1066
AARYLAN	mpletely fil	14. FATHER'S		MOORS AG MOOR	YES NO 15. MOTHER'S MA FIRST		MIDE 1 100	IC DIE	1 Spein
BALTIMORE, N	n ond com Poges I o		EASED EVEIL IN U.S. AI UNENDWH) (19 YES, GI	RMED FORCES? 16b SOCIAL SECU VE WAR OR GATES) 214-01-	RITY NO. 17 INFORMANT	ia u	Dilliams 6	446 F	reedon
201 W. PRESTON ST., BAL	ss that the death certificate and by the ottending physici please remove corbanpaper urial, cremotian, ar removal, , or other traumatic event, th	Condit gove couse under	IMMEDIA 10 9 ions, if any, which rise to immediate (a), stating the ying couse lost.	DUE TO, OR AS A CONSEQUE	INCE OF ACIZED PEB	457E		LURE	DXIMATE INTERVAL N ONSET AND DEATH
DIVISION OF VITAL RECORDS,	e low require n. nos been sign permit. Then ne prior to bu ws ony injury	o Ca	PONIC BY FOR OPERATION 29/83	19b. CONDITION FOR WHICH	ME, NULTY OPERATION WAS PERFORMED WET LEG	RE .	DECUBION 1206.		INGS USED
N OF VIT	SICIAN: ng phys certifico priof-troi entol Hy them 18	OR CON	IDENT WAS UNDERLYING [RIBUTING [CAUSE OF DE ER NOTIFY MEDICAL EXAMINE URY OCCURRED	ATH HOUR A.M. MONTH DA	21c. HOW INJURY 19 21f LOCATION	Y OCCURRED	ENTER NATURE OF INJURY IN ITE	EM 18 PART I OR PART 2)	
NVISIC	DING PHY or offending After this is of the build and M morked or	WHILE .AT WORK		(AT HOME, STREET, FACTORY, OFFICE, F		3.3	CITY OR TOWN	COUNTY	STATE
	NR ATTEN hospital IRECTOR: hed for us ept. of Hem 21 is	sov	the deceased alive or	of view the body ofter death,	DEGREE	412	th occurred on the date on		., that (I) (we) lost the couses stated
	HOSPITAL C ned by the FUNERAL D Juld be defoc the Stote D ORTANT: IF	22d PH	SKINSNA	ally 5	PHYS		MEDICAL STAFF DIRECTOR PHYSICIAN [1/2	14/84
	TO HOSPITAL retoined by th TO FUNERAL should be dere with the Stote IMPORTANT:		10	, JR., M.D.			OUNTAIN ROAD NA, MD. 2112:	2	
	BP	23a. BURIAL, (SUR AC	1 - Cu/ 0	DWASTILLE VE	+ Cem	23d LOCATION SITY OR TOWN	17e COUNTY	mstated.
	DHMH - 16 50M 4/B2 (VRA 15, 4)	BROWN NAME		MRSON FINOORESS	IGIZ W. BALTO, ST.	25e, DATER	3 0 1984 2	EGISTRAR'S SIGNA	TURE



81	FOR			ST. DEPARTMENT O	ATE OF MARY		CIENS 4	0 8	0 1 2	0
1-	STATE REGISTRAR			DICAL EXAMI			DEATH	REG. NO.		
	ECEASED NAME	Wille	in .	WIDDLE	Brad	Pord		NONT MONT	19 19 84	26 HOUR 035/
3. SE	M	4. RACE	5. DATE OF BIRTH MONTH DAY				MIN PRONOUNCE DEAD		29 1989	24 HOUR
, B	SIRTHPLACE (5) OREIGN COUNTRY) Maryla	nd	76. CITIZEN OF WH		8 MARRIED #	DIVORCE	Gle	en Burn	ie	MD
	Glen P	urnie	(IF NOT IN SUCH FAC		Hospit		120 USUAL OCCUPA- FOR MOST OF WORKIN Retire	TION (TYPE OF WORL G LIFE)	or indust	TRY
130	Md.	13b. COUNT		residence before admis 13c. CITY OR TOWN Pasaden	13d. IN		13e STREET ADDRESS 516 John			adena 1122
1		bin		Brown		OTHER'S MAIDEN FIRST France	NAME MIDD	Brown	LAST	
160	YES, NO, OR UNKNO	WW	AED FORCES? VAR OR DATES) y one couse per line	219-10-5		rormant .verta I	Bradford		hnsonto ena MD. APPROXIMAT BETWEEN ONSI	21122
Z	gave ris couse (a) lying cou		(b) DUE TO, OR (c)	AS A CONSEQUENCE	: OF	IDITIDN GIVEN IN PART	1.40			
CERTIFICATION	19a. DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OP	RATION WAS PER	RFORMED?			20 AUTOPSY	1? NO #
	UNDERLYING	CAUSE WAS OR OG CAUSE OF D		INJURY MONTH DAY YEA	AR 21c. HOW IN	JURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR		100
MEDICAL	21d INJURY C		21e PLACE C STREET, FACTO	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f LOCATIO STREET	N	CITY OR TOWN		COUNTY	STATE
	death results	y that I taok charge ed from: Nature	e of the remains described courses	Accident ,		Inspection tomicide SPECIFY)	Undetermined monn	DAT	E /->6	1.
23 a. E	EXAMINER'S (TYPE OR PRIN SURIAL, CREMA (SPECIFY) Buria	TION REMOVAL 23	2-3-84		ADDRE	MATORY	73d. LOCATION CITY OR TOWN	cc	THOUSE S	TATE
	UNERAL DIREC		ADDRESS	Mt. 2	ion CH.		Magoth:	25b REGISTRAR'S	MD.	est

	Liberth Alle		
		24	
nimpat move			Brolle (Text
schoule he's		or all marks and a	and the state of
with I			
TE VILLEGY	K X E X	-1.55	9 4
TWO LL	6 Page 22		rating.
	Sanda Staves	Audd Man	
A STATE OF THE STA		♦ 4	
		COLL PARTIE DUCT	and a state of the same of the

	1. DECEASED NA	ME FIRST		MIDDLE	LAST		20. DATE KNOWN		DAY YEAR	26. HOUR
hot:	(TYPE OR PRINT)	Virg	inia	Kaye	Branoc	k	OF ESTI- DEATH MATED		1 19 84	4 4
1	3. SEX Female	White	5. DATE OF BIRTH	1947 LAST SETHO	PARS IF UNDER 1 YR. DAYS RS.	HOURS MI		монтн	1 19 84	10:58
1	70. BIRTHPLACE FOREIGN COUNTR WAShing	ton D.C.	76. CITIZEN OF WE		8. MARRIED X NE	EVER MARRIED DIVORCED	Anne Aru	_	Y OF DEATH	MD
7	Glen I	Burnie	(IF NOT IN SUCH FA	SPITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) Arundel Hot	spital	JTION 12	O. USUAL OCCUPATION FOR MOST OF WORKING LIFE) Secretary	(TYPE OF WORK	12 F HODE 8 Broker	SUSINESS TRY age
5	USUAL RESIDENCE 130 STATE Marylan	1436 &OUN		VE RESIDENCE BEFORE ADMISS 13(. CITY OR TOWN Gambrills	13d. INSIDE	CITY LIMITS? 13	2259 Misthe	aven La	ne 21	054
7	14 FATHER'S NA/ MORTI		MIDDLE L	inkin <mark>s</mark>		ER'S MAIDEN N FIRST lenerva	MIDDLE	Wa	rren	
2	16a. WAS DECEAS 1485 NO, OR UNKI NO	NOWN) (IF YES, GIVE	RMED FORCES? E WAR OR DATES)	219 46 53			nock, Jr. S		#13 (H	lusband
SICK TO BORIAL, CREWATION, OR REMOVAL.	PART II	DEATH WAS CAUSE IMMEDIA ions, if ony, which rise to immediate a) stating the under ause last.	DUE TO, OR (b) DUE TO, OR (c)	tor (o), (b), and (c).) OPACO-abdor AS A CONSEQUENCE AS A CONSEQUENCE	OF				APPROXIMA BETWEEN ONS	ATE INTERVAL SET AND DEATH
7	NO NO	OF OPERATION		TION FOR WHICH OPER			(a).		20. AUTOPSY	
7	UNDERLYIN CONTRIBU 21d. INJURY	OCCURRED	DEATH 9:27P.M	MONTH DAY YEAL 1 1 19 { DF INJURY (ATHOME, ORY, FARM, ETC.)			o/fixed obj	ects im	npact	
17/2	AT WORK	AT WORK	roa	cribed above, held an	Gambril Autopsy X	Inspection [Gambril Inquiry Indetermined manner	ls A	.A.	Md.
527	ACTUAL SIGNATUR EXAMINER	S NAME	Thomas Thomas	well-	M. Depu	specify) ty Chie	fiedical examiner St. Balto.	DATE SIGNEI	1/3/	/84
	(TYPE OR PI	/TMIS	IIIOIIa	D D. DIIILUI,	11. LADDERE	T LEITH	oc. Dallo.	1 IVID .		

Pennie vidte its 10, 1947 Ch or reasons and area forces the continue to to per out the control of the best to a 2151 dt 1725 . Jahr F. Degreer, In. Para an elif (Ingellere) Mantellent . D. - Good mantel a solution of Admit . Poly At . . . and farentt want there's shared legally allies teel

FOR	DEPARTM		GIENE 8 4 C	0 1 2 2
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
FRANCES	S MINSKE	BRENDEL	1	28 84 5:20
SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
Female	White	821-1894	89 vo	MONTHS DAYS HOURS M
BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUN	
Maryland	U.S.A.		Anne Arundel	County
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUSINESS
Glen Burnie			Sales	Retail
UAL RESIDENCE (IF NURSING HOME OF			13. STREET ADDRESS / ZIP CO	ODE
		YES NO	1665 Carlyle	Dr. 21114
FATHER'S NAME				
William	Minske	Catherine	WIDDLE	Krause
		RITY NO. 17. INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, GI	215-09-27	65 Mrs. E.B. And	rews 1714 Truro	Road 21114
	DUE TO, OR AS A CONSEQUE	NCE OF U C	femon Almal Disease or Condition	GIVEN IN PART Ita
19a DATE OF OPERATION	196. CONDITION FOR WHICH		YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING ME CAUSE OF DE	ATH HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
114 IN HURY OCCURRED			04) voint
ANUTE NOT WHITE IN	(AT HOME, STREET, FACTORY, OFFICE, FA	RM. ETC) STREET	A. E. T. I. A	COUNTY STATE
AT WORK AT WORK			7 1000 7	Y 10 Y 4 that (1) (wa)
sow the deceased alive or	TAPOLIO	7		, its till the
above, (1) (we) (did) (did no	at) view the body after death.			224. DATE SIGNED
The Stotk of the	1m 10V	M ATTENDING	MEDICAL STAFF	1/00/1
224 DHVCICIANIS NIAME 17VOE	on official		DIRECTOR PHYSICIAN	1/40/8
1477				
		AME OF CEMETERY OR CREMATORY	23d. LOCATION	
(SPECIFY)			Con Cook overvil	TOROT + Md
FUNERAL DIRECTOR	124 1-20-04 I D	25g. DA	TE REC'D. BY REGISTRANTA. REC	
NAME	ADDRESS		3011984 Ja	I Cohield
	ESTATE REGISTRAR PECERASED NAME FRANCES SEX Female BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland CITY OR TOWN OF DEATH Glen Burnie SUAL RESIDENCE (IF NURSING HOMEO B. STATE SUAL RESIDENCE (IF NURSING HOMEO B. STATE INTERPRETATION WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) III. CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUSI ONE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT III. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE INFERENCE OF OPERATION 210. ACCIDENT WAS UNDERLYING III. INJURY OCCURRED WHILE WHILE WHILE WITH INT WHILE AT WOOR 220. PHYSICIAN'S NAME (1YPE NEIL M. KAE BURIAL, CREMATION, REMOVA (SPECY) BURIAL TUNERAL DIRECTOR	SEX FEMALE FRANCES MINSKE FRANCES MINSKE FRANCES MINSKE FEMALE BIRTHPLACE ISTATE ORFOREON COUNTRY? Maryland CITY OR TOWN OF DEATH Glen Burnie SUAL RESIDENCE (IP NUISSING HOME OR OTHER INSTITUTION). GIVE RESIDENCE BEFORE A. STATE MISSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE WILLIAM WAS DECEASED EVER IN U.S. ARMED FORCES? (IF VES, GIVE WAR OR DATES) WAS DECEASED EVER IN U.S. ARMED FORCES? (IF VES, GIVE WAR OR DATES) IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID) DUE TO, OR AS A CONSEQUE! CONDITIONS CONTRIBUTING TO DEATH (IP EITHER NOTEY MEDICAL EXAMINER) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (IP EITHER NOTEY MEDICAL EXAMINER) 21a. ACCIDENT WAS UNDERLYING TO DEATH (IP EITHER NOTEY MEDICAL EXAMINER) 21a. ACCIDENT WAS UNDERLYING TO DEATH (IP EITHER NOTEY MEDICAL EXAMINER) 21a. CITY OR OR OR DATE TO DEATH (IP EITHER NOTEY MEDICAL EXAMINER) 21a. CITY OR OR OR DEATH (IP EITHER NOTEY MEDICAL EXAMINER) 21b. TIME OF INJURY (NOTE TO DEATH OR OR OR DEATH (IP EITHER NOTEY MEDICAL EXAMINER) 21c. PLACE OF INJURY (NOTE TO DEATH OR OR OR DEATH (IP EITHER NOTEY MEDICAL EXAMINER) 21a. CITY OR OR OR OR DEATH (IP EITHER NOTEY MEDICAL EXAMINER) 21b. TIME OF INJURY (NOTE TO DEATH OR OR OR DEATH (IP EITHER NOTEY MEDICAL EXAMINER) 21c. PLACE OF INJURY (NOTE TO DEATH (IP EITHER NOTEY MEDICAL EXAMINER) 21c. PLACE OF INJURY (NOTE TO DEATH (IP EITHER NOTEY MEDICAL EXAMINER) 21c. PLACE OF INJURY (NOTE TO DEATH (IP EITHER NOTEY MEDICAL EXAMINER) 21c. PLACE OF INJURY (NOTE TO DEATH (IP EITHER NOTEY MEDICAL EXAMINER) 21c. PLACE OF INJURY (NOTE TO DEATH (IP EITHER NOTEY MEDICAL EXAMINER) 21d. PLACE OF INJURY (NOTE TO DEATH (IP EITHER NOTEY MEDICAL EXAMINER) 21d. PLACE OF INJURY (NOTE TO DEATH (IP EITHER NOTEY MEDICAL EXAMINER) 21c. PLACE OF INJURY (NOTE TO DEATH (IP EITHER NOTEY MEDICAL EXAMINER) 21d. PLACE OF INJURY (NOTE TO DEATH (IP EITHER NOTEY MEDICAL EXAMINER) 21d. PLACE OF INJURY (NOTE TO DEATH (IP EI	DEPARTMENT OF HEALTH AND MENTAL HYC REGISTRAR PRESI	DEPARTMENT OF HALTH AND MENTAL HYGENE REGISTRAR REGISTAR RECASED NAME IPST MARCES MINSKE BRENDEL 1 1 1 1 1 1 1 1 1 1 1 1 1

I.Fndull Take I are to the second of th T c cllc . - I'll an cour all com . . . -1-1-Ista II Ditar 11-si del 11 documento con mon di la con de la con de la constanta del constanta de la c

IN THE LABOUR SHOPE IN THE SECOND SEC The production of the state of . in Ker I. Let 172 Table 1 A STATE OF THE STA 47 - 21/7 The State of Fig. 17/1/

Steven Steven		REGISTRAR CEASED NAME FIRST		MEDICAL EXAMINER	'S CERTIFICATE		REG. NO.	DAY YEAR 75 HOL
DECRO OCT 31983 S. AGE (INVESTED FORT) MALE NEGRO OCT 31983 S. AGE (INVESTED FORT) MALE NEGRO OCT 31983 S. AGE (INVESTED FORT) TO BERTHPLACE (STATE OR COUNTY OF CO		PE OR PRINT)		Model		OF E	STI-	
MALE NEGRO OCT 31 1983 MARIE NEGRO OCT 31 1983 MARIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NAME COUNTY OF DEATH NAME OF D	2 SE			THE TA AGE UN YEARS				
10 CHY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10 OWN STREET ADDRESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10 OWN			OCT 3	1968 LAST BIRTHDAY)		MIN PRONOUNCE		12:2
MARYLAND U.S.A. MARRIED DNORCED Anne Arunde County M	70. B	IRTHPLACE (STATE OR		WHAT COUNTED	2 116 1	A PAITIMOS		0 1 0 2 100
13. AMAE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 MINOR (179 OF HOME) 170 MINOR	F	ARYLAND	U.S	Α			Arundal	County
Ft. Meade Kimbrough Army Hospital N/A USUAL RESIDENCE (# IN INJURY OCCURRED 1824F ANNAPOLIS Jay. STATE JUSUAL RESIDENCE (# IN INJURY OCCURRED 1824F ANNAPOLIS Jay. STATE MARYLAND A.A. MARYLAND A.A. MARYLAND B. MARYLAND B. M.	10. C	ITY OR TOWN OF DEATH			OTHER INSTITUTION	120 USUAL OCCUPAT	ION (TYPE OF WORK	126 KIND OF BUSINESS
USUAL RESIDENCE (IF IN NUMBERS OF OTHER RISTITUTION, ONE RESIDENCE SECRET AMASSICAL) 136. STATE 136. STATE 137. MEADE 138. TATE 139. STATE 130. STATE 130. STATE 130. STATE 130. STATE 130. STATE 130. STATE 131. INSIGE CITY LIMITS: 130. STATE ANNAPOLIS 131. MOTHERS MAIDEN NAME 131. MOTHERS MAIDEN NAME 132. MOTHERS MAIDEN NAME 133. MOTHERS MAIDEN NAME 134. MADELINE 135. MOTHERS MAIDEN NAME 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 136. SOCIAL SECURITY NO. 137. INFORMANT STEVEN L. 138. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 139. DATE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 140. STEVEN OBSET AND ORAL 157. MOTHERS MAIDEN NAME 158. MOTHERS MAIDEN NAME 159. MADELINE 159. MADELINE 159. MOTHERS MAIDEN NAME 159. MADELINE 159. MADELINE 159. MOTHERS MAIDEN NAME 159. MOTHERS MAIDEN	F	t. Meade			tal		_	
STEVEN L. BROWN, SR. MADELINE PADIN 15. MOTHER'S MAIDE NAME MADELINE PADIN 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OF DATES) 16. NONE 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PARTI I DEATH WAS CAUSED BY: WEADE MADELINE PADIN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PARTI I DEATH WAS CAUSED BY: WINDED TO, OR AS A CONSEQUENCE OF OUT TO, OR AS A CONSEQUENCE OF OUT TO, OR AS A CONSEQUENCE OF OUT TO, OR AS A CONSEQUENCE OF (c) 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19. CONTRIBUTING OR CONTRIBUTION OR CONTRI	JSU Jo	AL RESIDENCE (IF IN NURSING FOME	NTY		13d. INSIDE CITY LIMITS2	13e STREET ADDRESS		
STEVEN I. BROWN, SR. MADDELINE PADIN 10. INFORMANT STEVEN I. BROWN, SR. NONE 11. INFORMANT STEVEN I. BROWN, SR. NONE 12. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause lost. (c) PART 2 OTHER SIGNIFICANT (DNDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OR CAUSE OF DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a). 13. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CAUSE OF DEATH P.M. 14. INJURY OCCURRED OR CAUSE OF DEATH P.M. 15. INDURY OCCURRED OR CAUSE OF DEATH P.M. 16. INJURY OCCURRED OR CAUSE OF DEATH P.M. 17. INFORMANT STEVEN I. BROWN, SR. 18. MADDEL INE PART 10 INFORMANT STEVEN I. BROWN, SR. 19.			•	FT. MEADE			MEADE, I	vid 20755
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) NONE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: (Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause lost. (C) PART 2 OTHER SIGNIFICANT (DNDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [216, EXTERNAL CAUSE WAS UNDER CONTRIBUTING GORD CONTRIBUTION COUNTRIBUTING GORD CONTRIBUTION COUNTRIBUTING GORD CONTRIBUTION COUNTRIBUTING GORD CONTRIBUTION COUNTRIBUTING GORD CONTRIBUTION COUNTRIBUTION COUNTRI	14. F	ATHER'S NAME	MIDDLE	DDOWN CD	IS. MOTHER'S MAI	THE MIDD	ie T	DA TOT N
NO NOE 1824F ANNAPOLIS RD. FT. MEADE, MS IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTR	_		RMED FORCES?					
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Bronchopneumonia Briwen onset and death part I death was caused by: Studdon Infant Doath Syndrome Conditions, if ony, which gave rise to immediate cause (a) Storing the underlying cause lost. Que to, or as a consequence of (c) Due to, or as a consequence of (c) Part 2 other significant conditions (ontributing to death but not related to the terminal disease or condition given in Part 1 io). Part 2 other significant conditions (ontributing to death but not related to the terminal disease or condition given in Part 1 io). 210	- (YES, NO, OR UNKNOWN) (#FYES, GIV		NONE				
PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) SUddon Infant Doath Symdrome Conditions, if ony, which gave rise to immediate cause (a) stating the under-lying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF			only one cause per				III PLA	APPROXIMATE INTERVAL
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 EXTERNAL CAUSE WAS 210 EXTERNAL CAUSE WAS 210 LIVE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 190 211 LOCATION STREET CITY OR TOWN COUNTY STATE		PART I DEATH WAS CAUS	ED BY:	200	Donth Candy	ila		BETWEEN ONSET AND DEA
Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 20 AUTOPSY? YES XX NO TO DEATH OF THE TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING COUNTY STATE WHILE NOT WHILE NOT WHILE STREET CITY OR TOWN COUNTY STATE		40 STIMMEDI		Donate I I I I I I I I I I I I I I I I I I I		Cilia		
Gave rise to immediate couse (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTI	2	Conditions if any whise		OR AS A CONSEQUENCE OF				
STREET COUNTY STREET CITY OR TOWN COUNTY COUN		gave rise to immediat	le / (b)					
PART 2 OTHER SIGNIFICANT (DNDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TD THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? YES XX NO 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR 190 210 EXTERNAL CAUSE WAS 210 EXTERNAL CAUSE WAS 210 E			DUE TO,	OR AS A CONSEQUENCE OF				
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 19 19 19 19 19 19 1		July Cook 1031.	(c)					
UNDERLYING OR P.M. 19 714, INJURY OCCURRED 216, PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE		PART 2 OTHER SIGNIFICANT CONDITION	(S CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN	PART 1 (a).		
UNDERLYING OR P.M. 19 714, INJURY OCCURRED 216, PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	O	Samuel Committee of the						
UNDERLYING OR P.M. 19 714, INJURY OCCURRED 216, PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	_			IDITION FOR WHICH OPERATION	ON WAS PERFORMED?			2D AUTOPSY?
UNDERLYING OR P.M. 19 714, INJURY OCCURRED 216, PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	CATI	190 DATE OF OPERATION	196 CON					
UNDERLYING OR P.M. 19 714, INJURY OCCURRED 216, PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	TIFICATI	190 DATE OF OPERATION	198 CON					YES XX NO
TId. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 211. LOCATION WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE	CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME		Tic. HOW INJURY OCCUR	RED LENTER NATURE OF INJUR	IN ITEM 18 PART 1 OR PAI	
		210 EXTERNAL CAUSE WAS	21b. TIME	A.M. MONTH DAY YEAR	tic HOW INJURY OCCUR	RED LENTER NATURE OF INJURY	Y IN ITEM 1B PART I OR PAI	
		210 EXTERNÁL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME HOUR A F DEATH 1	A.M. MONTH DAY YEAR P.M. 19 EE OF INJURY (ATHOME. 2	If. LOCATION		Y IN ITEM 1B PART 1 OR PAI	RT 2)
		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d, INJURY OCCURRED	21b. TIME HOUR A F DEATH 1	A.M. MONTH DAY YEAR P.M. 19 E OF INJURY (ATHOME. 2 ACTORY, FARM, ETC.)	II. LOCATION STREET			RT 2)
22a Certify that I took charge of the remains described above, held an Autopsy KX. Inspection Inquiry, and in my opinion		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 210, INJURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME HOUR / F DEATH 1 21e PLAC STREET, I	A.M. MONTH DAY YEAR P.M. 19 E OF INJURY (ATHOME. 2 ACTORY, FARM, ETC.)	II. LOCATION STREET	CITY OR TOWN	cou	RT 2) UNTY STATI
22a certify that I took charge of the remains described above, held an Autopsy XX. Inspection . Inquiry . , and in my opinion death resulted from: Natural causes XX. Affident . Spicide . , Homicide . Undetermined manner .		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 71d, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220 I certify that I took cho	21b. TIME HOUR / PLAC STREET.	A.M. MONTH DAY YEAR P.M. 19 EEOF INJURY (ATHOME, PACTORY, FARM, ETC.) described/above, held an	II. LOCATION STREET Autopsy XX. Inspect	CITY OR TOWN	cou	RT 2) UNTY STATI
death resulted from: Natural causes (XX) Assident . Suicide . Homicide . Undetermined manner .		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 71d, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220 I certify that I took cho	21b. TIME HOUR / PLAC STREET.	A.M. MONTH DAY YEAR P.M. 19 EEOF INJURY (ATHOME, PACTORY, FARM, ETC.) described/above, held an	Autopsy XX. Inspect	CITY OR TOWN	cou	RT 2) UNTY STATI
death resulted fram: Natural causes Anddent , Spicide , Homicide , Undetermined manner ,		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220 Certify that I took cho death resulted from: Nat	21b. TIME HOUR / PLAC STREET.	A.M. MONTH DAY YEAR P.M. 19 EEOF INJURY (ATHOME, PACTORY, FARM, ETC.) described/above, held an	Autopsy XX. Inspect	CITY OR TOWN	cot , ond in my op	UNIY STATE
death resulted from: Natural causes (XX) Assident . Suicide ., Homicide . Undetermined manner .,		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220 Certify that I took cho death resulted from: Nat	21b. TIME HOUR / PLAC STREET.	A.M. MONTH DAY YEAR P.M. 19 EEOF INJURY (ATHOME, PACTORY, FARM, ETC.) described/above, held an	Autopsy XX. Inspect	CITY OR TOWN	cot , ond in my op	UNIY STATE
death resulted fram: Natural causes Andent . Sticide . Homicide . Undetermined manner . INTILE (SPECIFY) AASSISTANT MEDICAL EXAMINER SIGNED 1-16-84 EXAMINER'S NAME Dennis F. Smyth M.D		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220 I certify that I took cho death resulted from: Not ACTUAL SIGNATURE EXAMINER'S NAME	21b. TIME HOUR / PLACE STREET, I	A.M. MONTH DAY YEAR P.M. 19 IE OF INJURY (ATHOME, FACTORY, FARM, ETC.) described above, held an Assident , Svicide	Autopsy XX. Inspect Homicide TITLE (SPECIFY) ASSISTA	ion . Inquiry . Undetermined mann	ond in my op er , DATE SIGNE	UNIY STATE
death resulted from: Natural causes Anddent . Sticide . Homicide . Undetermined manner . ACTUAL SIGNATURE SIGNATURE Dennis F. Smyth, M.D. ASSISTANT MEDICAL EXAMINER SIGNED 1-16-84 EXAMINER'S NAME (TYPE OF PRINT) ADDRESS 111 Penn Street 23. BURIAL (REMATION REMOVAL) 23b DATE	MEDICAL	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d, INJURY OCCURRED WHILE AT WORK AT WORK 220 Certify Ihot I took cho death resulted from: Not ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	21b. TIME HOUR / PLACE STREET. I	A.M. MONTH DAY YEAR P.M. 19 TE OF INJURY (ATHOME. 2 ACTORY, FARM, ETC.) described above, held an Addident . Spicide Smyth, M.D.	AULOPSY XX. Inspect Homicide INLE (SPECIFY) ADDRESS	ion . Inquiry . Undetermined mann	could not	UNITY STATE UNITY STATE UNITY STATE UNITY STATE
death resulted from: Natural causes Anddent . Sticide . Homicide . Undetermined manner . ACTUAL SIGNATURE SIGNATURE Dennis F. Smyth, M.D. ASSISTANT MEDICAL EXAMINER SIGNED 1-16-84 EXAMINER'S NAME (TYPE OF PRINT) ADDRESS 111 Penn Street 23. BURIAL (REMATION REMOVAL) 23b DATE	MEDICAL	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d, INJURY OCCURRED WHILE AT WORK AT WORK 220 I certify Ihot I took cho death resulted from: Not ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) DESIGNATION, REMOVAL SPECIFY)	21b. TIME HOUR / 12le PLAC STREET, I	A.M. MONTH DAY YEAR P.M. 19 E OF INJURY (ATHOME. 2 ACTORY, FARM, ETC.) described above, held an Actident	AULOPSY XX. Inspect Homicide TITLE (SPECIFY) ADDRESS ERY OR CREMATORY	ion . Inquiry . Undetermined mann	could not	UNITY STATE UNITY STATE UNITY STATE UNITY STATE
death resulted from: Natural causes Asident . Spicide . Homicide . Undetermined manner . ACTUAL SIGNATURE SIGNATURE . LITTLE (SPECIFY) ASSISTANT MEDICAL EXAMINER . DATE SIGNED . 1-16-84 EXAMINER'S NAME (TYPE OR PRINT) BURIAL CREMATION, REMOVAL 23b DATE O1/18/84 ARLINGTON NAT L CEM ARLINGTON VIRGINIA COUNTY STATE VIRGINIA	MEDICAL	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216, INJURY OCCURRED WHILE AT WORK AT WORK 220 I certify Ihot I took cho death resulted from: Not ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) SURIAL, CREMATION, REMOVAL BURIAL	21b. TIME HOUR / PER PLACE STREET, I	A.M. MONTH DAY YEAR P.M. 19 E OF INJURY (ATHOME. 2) FACTORY, FARM, ETC.) described above, held an Addident . Sticide Smyth, M.D. 23c NAME OF CEMETI ARLINGTO	AUTOPSY XX. Inspect Homicide TITLE (SPECIFY) ADDRESS ADDRESS ERY OR CREMATORY N NAT L CH	Undetermined mannum MEDICAL EXAMIN	ond in my op or DATE SIGNE Treet	UNITY STATE D. 1-16-84
death resulted from: Natural causes W. As ident . Suicide . Homicide . Undetermined manner . ITILE (SPECIFY) ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) Dennis F. Smyth, M.D. ADDRESS 111 Penn Street 230 BURIAL CREMATION, REMOVAL 236 DATE O1/18/84 ARLINGTON NAT'L CEM ARLINGTON COUNTY VIRGINIA	WEDICAL 24 1	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d, INJURY OCCURRED WHILE AT WORK AT WORK 220 Certify Ihot I took cho death resulted fram: Not ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) BURIAL CREMATION, REMOVAL BURIAL EUNERAL DIRECTOR MARS	21b. TIME HOUR / 21e PLAC STREET, in rol causes With Place with the remains urol causes With Place with the remains of the rem	A.M. MONTH DAY YEAR P.M. 19 IF OF INJURY (ATHOME, FACTORY, FARM, ETC.) described above, held an Assident . Spicide Smyth, M.D. 23c NAME OF CEMETI ARLINGTO JONES, JR	AULOPSY XX. Inspect Homicide TITLE (SPECIFY) ADDRESS ERY OR CREMATORY N NAT'L CE [250. DAT	Undetermined mannum MEDICAL EXAMIN	ond in my op or DATE SIGNE Treet	UNITY STATE DITTO DITTO TYVIRGINIA

STYRE BY , MA SHYES

5	1-	FOR STATE REGISTRAR		DEPART	MENT OF HEALTH AND ME		ENE REG. NO.		EDT
		CEASED NAME FIRST		MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
be 3 ge 3	() Or	MINNIE	HE	ELEN	BUCHTA		JANUARY 20, 198	34	10:28 A
Page 4 may be director, page 3 hours ofter death	3. SEX	Femal	4. RACE	lut	5. DATE OF BIRTH NOV. 21, 1	.893	6. AGE {IN YEARS LAST BIRTHDAY} 90 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
ter death. Po he funeral dir within 72 hou	Ma. BI	RTHPLACE (STATE OR FOREIGN EY)	U.S			ORCED	BALTIMORE CITY OR COUNTY ANNE ARUNDEL CO		MD.
	1	TY OR TOWN OF DEATH	NORTH	H FACILITY, GIVE STREET ARUNDEL	HOSPITAL	M	12a USUAL OCCUPATION TYPE OF WORLFOR ACST OF WORKING LIP CATETER 1	12b. KIND C INDUSTRY Educ	cation
filled ould		AL RESIDENCE (IF NURSING HOME COL TATE 13b. COL TYLAND A.	DR OTHER INSTITUTION JINTY		urnie YES 🗆 🕟	40 X	319 6th Ave.		
ond 2 sh		ther's name Charles Cl	narles	Vogel	15. MOTHER'S A Mar	Y Y	™iDDLE St	Bu: rauss	rnie ël
o ond co		VAS DECEASED EVER IN U.S. A (ES. NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166. SOCIAL SECU 216-28	rity no. 17. INFORMANT -3156 Helen		ADDRESS Varner same a		
hot the death certificate by the attending physical acceptance corban papers, I, cremotion, or removal.	7	18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUSE WAS CAUSE WAS CAUSE WAS CAUSE OF THE PARTY OF	DUE TO, O	R AS A SEQU	dis Pop	a .	Jours -	APPROX.	IMATE PITERVAL CHISET AND IS ATR
At KECOKUS, VO	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION WAS PERFORM	MED	YES NO YE	S, WERE FINDI	NGS USED
G PHYSICIAN: The low rateding physicion. er this certificate has bee the buriol-transit permit, and Mental Hygiene prior ked or them 18 shown and hear 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH D.	216. HOW INJU		D (ENTER NATURE OF INJURY IN ITEM 18 I	PART I OR PART 2)	A. 694
OR ATTENDING PHY he hospital or attendi DIRECTOR. After this sched for use as the by Dept. of Health and M Hem 21 is marked or	MED	21d. INJURY OF THE AT WORK NOT WHILE AT WORK AT WORK	atoli openses g	REET, FACTORY, OFFICE.	ARM, ETC.) STREET	, 19	city OR TOWN to 120/fg, eath accurred an the date and hou	COUNTY	that (1) (we) last causes stated
		17h BHUSECIAN'S MANE-1291	nge B	Glowy	ATT PH		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	51GNED O/FY
TO HOSPITAL TO FUNERAL should be detu- with the Store	22- (JORGE B. RAM	IREZ, M.		NAME OF CEMETERY OR CR	GLEN	OAKWOOD RD. #205 BURNIE, MARYLANI 123d LOCATION		,
BP		Burial, CREMATION, REMOVA	1/24/		ly Redeeme	r Cem.	Baltimore :		ryländ
DHMH - 16 50M 4/B2 (VRA 15, 4)		INERAL DIRECTOR Raymond C. F	ink	Glen	Burnie, Md.	JAN	REC'D. BY REGISTRAR 256, REGIST 1 2 3 1984	ug-	awelf

	1, 189		34		
The state of the s		-1.	6	bos gas-	
no cisoeba (prenisia) . v 4 Coofi					
0015 .118 .002 -11 21		complete and the	X 12	Dire Typiav	
Amin's 18		Total V.	2577860	salta (O	
du l'avoda de anade decan		1.0-454912		- 01	
	a do a				
(4)(0X)+ =		G 13			
Life de la company					
Amailwade - maskaily - it	Agrae ha	V.or	19/1		
	.54 ,=	ATEUR (GASO	L. Plais	Danielynd .	

6	1-5	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE B	0 0 1 2 6
	S con		EASED NAME PIRST	RACE (A) PHO	S. DATE OF BIRTH S. DATE OF BIRTH AND HOLD SAY - SAY SAY - SAY SAY - SAY	20. DATE OF DEATH	ADAY) IF UNDER 1 YEAR IF UNDER 24 HRS. WONTH'S DAYS HOURS MIN.
•	22.00	7a. Bi	RTHPLACE (STATE OR SOREIGN 76 NIRY) TO INA	CITIZEN OF WHAT COUNTRY? USA I. NAME OF HOSPITAL, NURSIN	MARRIED NEVER MARRIED WIDOWED DIVORCED DO HOME OR OTHER INSTALLION	120 USUÁL OCCUPATIO	COUNTY OF DEATH MD. 1/2b. KIND OF BUSINESS OR
1021201	the state of the s	USU.		(IF NOT IN SUCH FACILITY, GIVE STREET) THER INSTITUTION, GIVE RESIDENCE BEFORE 131. CITY OR TOW	ADDRESSION) ADDRESSION) 13d. INSIDE CITY LIMITS?		MUSE INDUSTRY INDUSTR
E, MARYLAN	Company of 2		Colon		YES NO X	MIGDLE	Creech
TIMORE	be exected by Popes	16a V	VAS DECEASED EVER IN U.S. ARME (EX 10 OR UNKNOWN) (IF YES, GIVE W	var or dates) 166 SOCIAL SECU 243-44	RITYNO. 117 INFORMANT -1781 Ruper	of E. Buck	New, Jr. 13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	is that the death certificate of by the attending physical lease sender carbinological, riol, cremation, at removal or other traumatic event, it		PART I. DEATH WAS CAUSED IMMEDIATE (1997) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ence of Albertaral	nehilizer	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECORDS, 2	he law require: an. hos been signe t permit. Then p ene prior to bu	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TEI	200 AUTOPSY? YES NOTE	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
IVISION OF VIT	PHYSICIAN: thending phys this certifica the burial-tra the burial-tra and Mentol Hy ed or Hem 18	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ONT WHILE AT WORK AT WORK	216 TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	19 211. LOCATION	URRED (ENIER NATURE OF INJUR	
	SPITAL OR ATTENDING I by the haspital ar a NERAL DIRECTOR. as after be detached for use as State Dept. of Health TANT: If hem 21 is mork		220 I certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did nat). 22b. SIGNATURE	view the body ofter death.	DEGREE ALLLASIN ATTENDING PHYSICIAN	MEDICAL STAF	
	TO FU should with the	230. [SPOR	Bring Natha	NAME OF CEMETERY OF CREMATOR	CITY OR TOWN	ell copyring any
DH	BP 4MH - 16 50M 4/83 (VRA 15, 4)	24 E	DUTIAL DIRECTOR AVIOLET	ral Phan ADDRYS	Donapolic MJA	N 24 1984	MULLE H.H.

part of the second of the seco The conference of the control of the second MA Alleman Land Transfer Trans

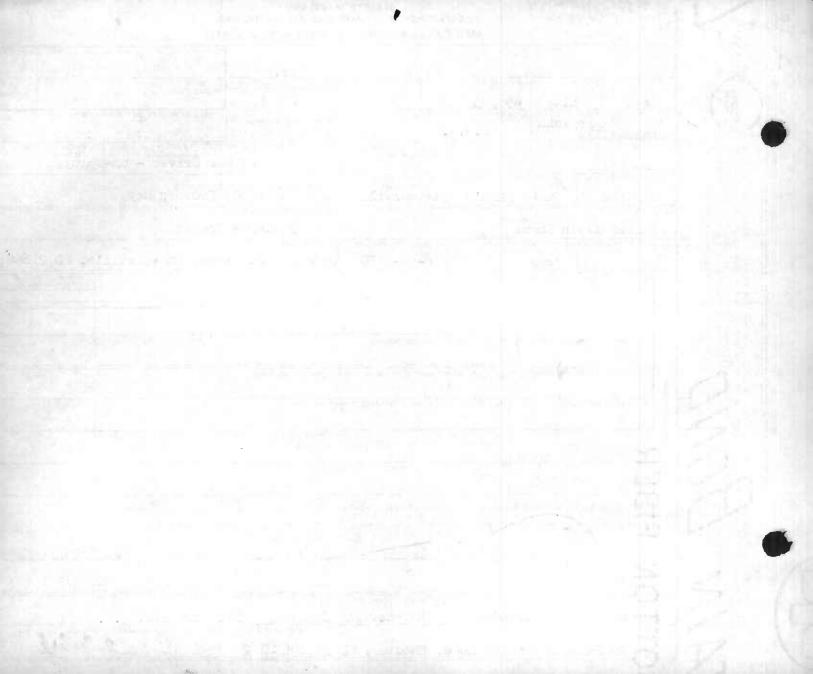
V -	J. Ja	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO.	0 0	2 Cm 1
	and be		OR PRINT) EARL	4. RACE	VICTOR	Bur	DETTE, Sr.	6 AGE (IN YEARS LAST BIRTH	1-25-	YEAR 26 HOUR HOW AND A SERI YEAR IF UNDER 24 PRS
	20	3. 36	MALE	. RACE	HITE	MONTH	2 - 14 -D7	-	6 YRS	DAYS HOURS MIN.
	Juneral dylec		RTHPLACE (STATE OR FOREIGN EST VIRGINIA		S. A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY <u>OR</u> ANNE ARUNI		EATH MD
10	by the furthilled within		NNAPOLIS	11. NAME OF	SUCH FACILITY, GIVE STREET	NNE AF	OR OTHER INSTITUTION UNDEL GENERAL	120 USUAL OCCUPATION TRON WELDER	WORKING LIFE) IND	KIND OF BUSINESS OR NAMENTAL
MARYLAND 2120	filled in nould be in filled in	136. S MA	AL RESIDENCE (# NURSING HOME OR STATE 13b. COUP RYLAND ANNE	VTY	136. CITY OR TO	WN	YES NO	13e STREET ADDRESS / 1		21037
MARYL	mpletely and 2 sh	.14 FA	JOSEPH	MIDDLE	BURDETTE		15. MOTHER'S MAIDEN NAM	AE MIDDLE	PA	RR tast
BALTIMORE,	be executed an and camp		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GN WWI]	E WAR OR DATES			MARY GIBBS-E	07 WELCHODRE DGEWATER, MI	EVE, 21037	
201 W. PRESTON ST., BA	that the death certificate d by the attending physicia lease remove carbon paper ial, cremation, or removal. or ather traumatic event, th		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Ď BY: TE CAUSE (b) DUE TO (b) DUE TO (c)	OR AS A CONSEON, OR AS A CONSEON A SY	JENCE OF LATIN JENCE OF	y carotid orclus			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	been signe mit. Then prior to bur ony injury,	ATION	PART 2 OTHER SIGNIFICANT (453	acute	by Wel	NOT RELATED TO THE TERM		20b. IF YES, WER	E FINDINGS USED
VITAL RE	ysicion. icate has ransit per Hygiene	CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110	E OF INJURY A.M. MONTH I	DAY YEAR	216 HOW INJURY OCCURR	YES NO DED (ENTER NATURE OF INJURY	YES	CAUSES OF DEATH?
DIVISION OF VITAL RECORDS.	the buring and Mered or the contract the con	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE NOTIFY WHILE AT WORK AT WORK	21e PLA	P.M. CE OF INJURY STREET, FACTORY, OFFICE	FARM, ETC)	21f LOCATION STREET	CITY OR TOW	и со	OUNTY STATE
ā	TEN TORS F TE	h	220.1 certify that (I) (this bospi saw the deceased alive an above, (I) (we) (did) (did no	112	5 19	841.0	16 , 19 80 and that in (my) (our) apinion of	to 1/25 death occurred on the date	, 19_3 e and hour and f	that (I) (we lost irom the causes stated
	HOSPITAL OR AT med by the hosp FUNERAL DIRECT JID to detoched for the State Dept or ORTANT: If them 2		22d PHYSICIAN'S NAME (TYPE O	Mulle	In MP		DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA		1/25/84
	O HOSPITAL TO FUNERAL should be de with the Start		MM MIRLIN	S , M.	D		16 Morray as	e arranol	lis, Phol	
	BP	E	BURIAL, CREMATION, REMOVAL (SPECIFY) URIAL	1/28	3/84 W	NAME OF C ASHING EMETER	NT.		(PR.ŒŐ	
	DHMH - 16 50M 4/83 (VRA 15, 4)	P.	CHAND A COLEMA INERAL HOME	N -UPI	PER MAREBO		250 DATE	3 0 1084	100	2. Comments

. .

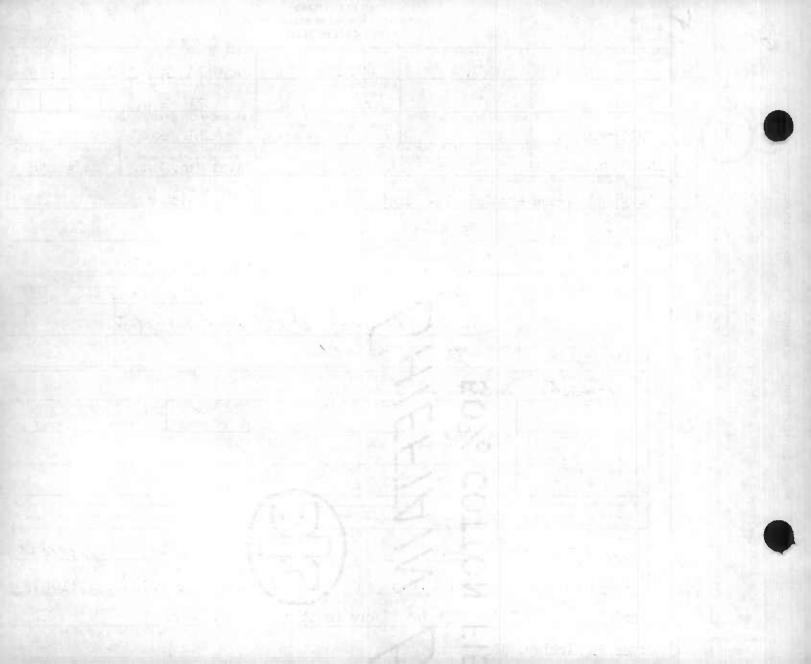
	Manager 1	10 TO.N	
	23-1 -	The All	121/1/
STREET, STATE			DECEMBER 1
	Zasan ornani (103		61.10 Oct.
no che titte	X.	And short Thomas	SHALL BULLISH
	4503		= = = = = ;
	-5820 99/81		II.

FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN DAY 2b. HOUR (TYPE OR PRINT) OF ESTI-Robert Irvin 29/849 Burns 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR DATE LAST BIRTHDAY PRONOUNCED DEAD Male White 05 AM 1/29/8419 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. WIDOWED DIVORCED Anne Arundel County CAN KON VIOLE 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)

Truck Driver - unemployed OR INDUSTRY Annapolis Anne Arundel General Hosp. TOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 309 Drovers Way Stevensvi Queen Anne's YES X Maryland 14 FATHER'S NAME Mary Elmyra Sparks William Irvin Burns 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) 216-54-4830 Patricia J. Burns, Stevensville, MD 21666 Yes Army 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ED AS BUILDAY TRANSIT PERMEDIA HAGITH AND MENTAL HYGIENE, CREMATION, OR REMOVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) CERTIFICATION 19a. DATE OF OPERATION USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TOF HE URIAL, E CHIEF BE USED NER: THIS CONTROLL WITH THE WITH THE WITH THE FORWARDED TO THE CHIT TOR: PAGE 3 SHOULD BE UT OR: PAGE 3 SHOULD BE UT OR: PAGE 3 SHOULD BE UT OR THE DEPARTMENT OF THE PAGE 3 SHOWN THE WITH THE PROPERTMENT OF THE PAGE 3 SHOWN THE PAGE 3 SHOW YES X NO [21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TE PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BACKIMORE, MARYLAND, 2120 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection L and in my apinian Homicide L Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 1/30/84 M.D. Deputy ChiefEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATOR STATE 02/01/84 Stevensville Cemetary Burial Stevensville. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE **DHMH - 17** Tom Helfenbein Funeral Home, Chester, MD 21619 (VR A15 ME (5)) 20M 4/B2



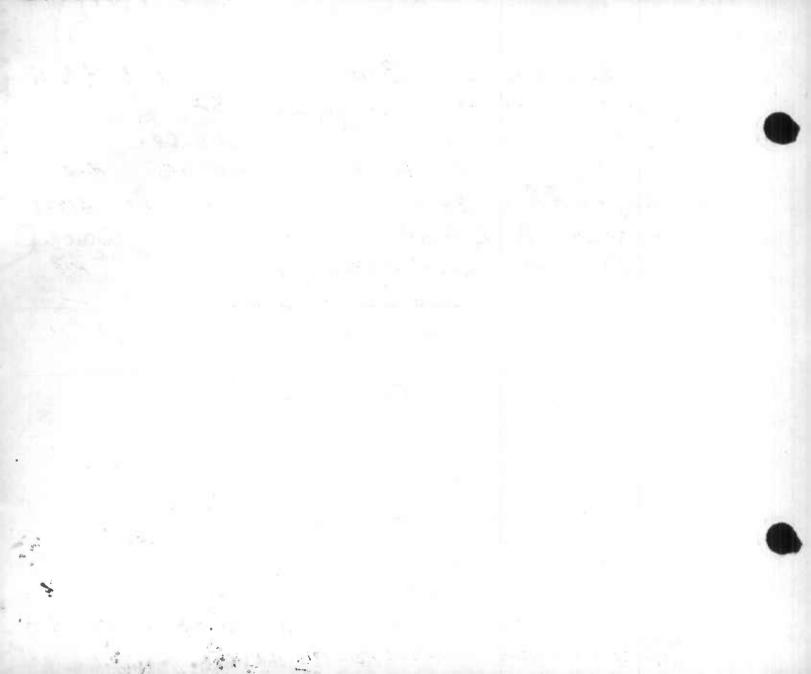
(VRA 15, 4)



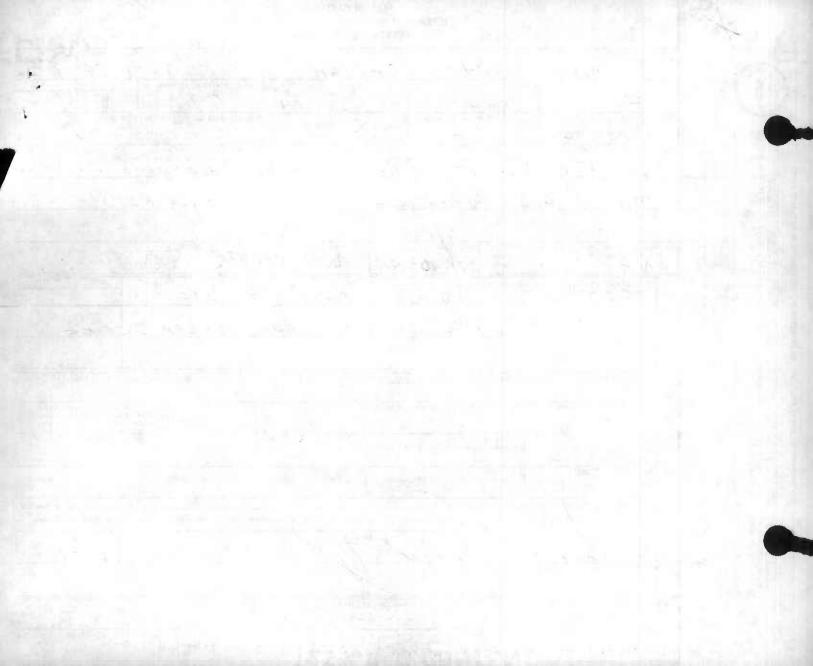
1	122		STATE OF MARYLAND	8 4 0	0 0
1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		
1. D	ECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	ELIZABE	THE O.	Rutt	1	9 84 8:05P
3. S		I. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	JE UNDER I YEAR # UNDER 24 HRS
1	TEMALE	WHITE	Dec 29,1901	82 YRS.	
70.	BIRTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	OF DEATH
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSI	WIDOWED DIVORCED DIVORCED DIVORCED	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OF
1	INNAPOLIS	(IF NOT IN SUCH FACILITY, GIVE STREE		TYPE OF WORK FOR MOST OF WORKING LI	HOME INDUSTRY
US 13a	JAL RESIDENCE (IF NURSING HOME OR STATE	13c gity OR TOV	VN 13d. INSIDE CITY LIMITS?	13e,STREET ADDRESS / ZIP COD	R. 21403
14.1	ATHER'S NAME	CO. HANAFO	YES NO	ME	X. 21703
10	Arthur "	A O'Nei	11 Sarah	MIDDLE	Ware
1 160	WAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	D ADDRESS	iame as
	110 -	- 1220-47	S-61 XIMARVEY A.	DUTT	713
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		- Respiratory ar	Lint	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	2502 IMMEDIATE	DUE TO, OR AS A CONSEQU			10
	Conditions, if any, which	(1b) the MAN	- 1/2 //2 47 +	c Coma	24 (vis.
	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR A CONSEQU	JENCE OF		
		ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	ANNAL DIREASE OF CONDITION OF	VEN IN PART 116
ON	Q	Corpor GARTIC	Cardin-Unacuh	1 Ausease	PET IT A A A
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
E E		THE OS IN WIRV	Tal How hiterary occurs	YES NO Y	ES NO
20 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		PAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		600000
*	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	22a.1 certify that (1) (this hospite		Jan 1 19 83	10 Jan 9	19 6 , that (1) (we) lo
	sow the deceased alive on above, (I) (we) (did) (did nat			death accurred on the date and had	
	22b. SIGNATURE	Matter 18	DEGREE ATTENDING PHYSICIAN II	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
71	224 PHYSICIAN'S NAME TYPE OR	PRINT)	27e ADDRESS	31-18-	A= 100 man
73a	BURIAL, CREMATION, REMOVAL	123b. DATE 23c	NAME OF CEMETERY OR CREMATORY	123d LOCATION	INNTP MIN.
	Ourial	Jan-131984	Torestlawn	Nortolk No	MAK VIA
3 24	FUNERAL DIRECTOR	ADDRESS_	25e. DAT	TE REC'D. BY REGISTRAR 256 REGIS	FRAR'S SIGNATURE
1//	YLOR TUNERAL C	HAPEL HUNDER	OLIS MOZIFOLA IA	N 1 Danes Ses	8 C A.

A 64

STATE OF MARYLAND



of	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	REG. NO.	
,	I. DECEASED NAME FIRS	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
eath	MARY	ANN	CARVER		31 84 95%
B F	3 SEX	4 RACE	S DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER A HR
once.	F	CAUCA.	3 29 04	79 YR	s
ath.	78. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	Th CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	
in 72	VIRGINIA	US/7		Anne Aru	
the with	ID CITY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NU	IRSING HOME OR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	D 0
n by filled	USUAL RESIDENCE (IF NURSING HO	- PLEASANT A	NING CONV. ('EN	THE LAUNDRE	S D.C. hosp
filled i	13a STATE	OUNTY 13c. CITY OR		355 KYLE	eD21032
steely 2 sho	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
and Signal	George	SAVI	Georgia		Perry
cian and co	160 WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	6398 JOHN L	PARVER 355 Crow	Kyle Rd.
n requires that the death an signed by the attendir hen please remove carbo rt to burial, cremation, or ny injury, or other traun		DUE TO, OR AS A CONS	OSCLEROTIC CAI	RDIO VASCULAR	
V: The law ite has bee permit. To jiene prior 3 shows an	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
NG PHYSICIAN: The anding physician. Iter this certificate ha he burial-transit permand Mental Hygiene and Mental Hygiene arked or Item 18 sho		DE DEATH HOUR A.M MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM	IS, PART I OR PART 2)
DING PHY ttending ph After this of s the burial. th and Men marked or	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAL 21d INJURY OCCURRED	218 PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
S S S S S S S S S S S S S S S S S S S	27s I certify that (1) (this	hospital) attended the deceased to	19	to	
OR ATTEN hospital or a DIRECTOR hed for use a Dept. of Hea	saw Mie deceased/air	e on d not) view the body after depth.	and that in (my) (our) apin	ion death occurred an the date and h	nour and from the couses stated
TO HOSPITAL OR ATTI	274 PHYSICIAN CHAME	1/100	DEGREE TENDING PHYSICIAN DORESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1-31-8
O Fil					
F - F W > -	230. BURIAL, CREMATION, REMO		231. NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
BP	Burial	2/3/84	Washington Nati		Md.
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTOR Hardesty Fu	neral Home A	Ridgely Ave. 250.0 nn. Md. 21401	EB 2 1984 256 REG	BTRAR'S SIGNATURE





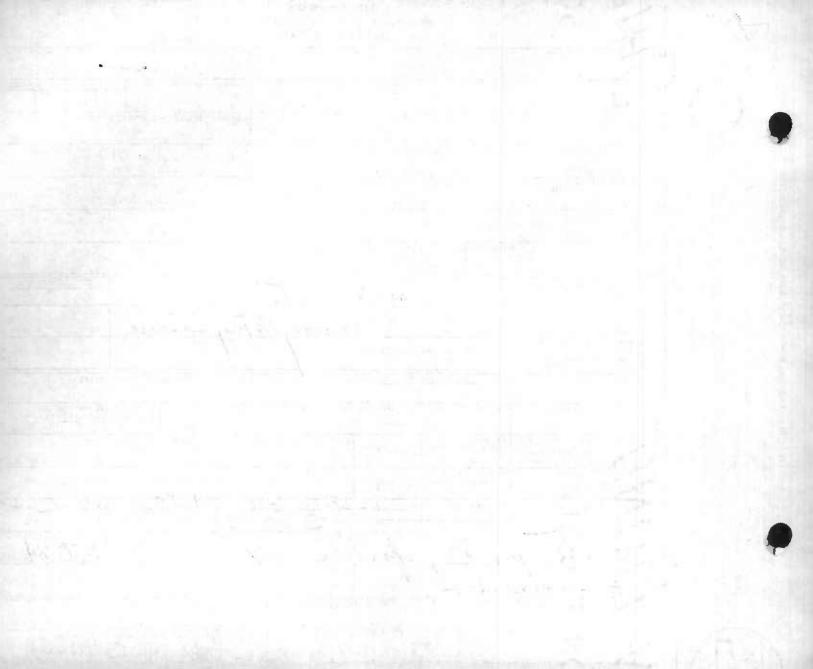
Europe Hilly Jr. A CAMPACA OF STREET Stite 14, 177 Charles ALIANO TERMIN ERAT CHEN EUR EE LEVETH AND THE COURT CONTROL LINE'S COL 12. une hundel reseiler. 1875 lies lees 4. 2122 tillian . ecil long 200 1112 A-10-15H Will. coil some as 13 C The rest of the control of the contr THE I SHOW THE THE THE THE PROPERTY OF THE PRO

Sures 1-19-34 lit. Wivet onetern raderick revenick id.

of of 3	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH CERTIFICATE OF DEATH REG. NO.	
. et		CEASED NAME FIRST MIDDLE LAST LAST JO DATE OF DEATH MONTH ON YEAR 26. HOUR EOR PRINT) JULIAN N. CHILDS JAN 26 884 4-P.	, M
	3. SE	MALE WHITE AUG TO 1986 77 YRS. MONTHS CAYS HOURS MIN.	_
ot once.	70 BI	INTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED HOUSE HOUSE HOUSE HOUSE MARRIED HOUSE HOUSE MARRIED MARR	ID.
201 urs ofter filled with	1	TOWN OF DEATH 11. NAME OF HOSPITAL MURSING HOME OR OTHER INSTITUTION THE OF WORK FOR FOLLOW OF WORKING LIFE) TOWN APOLIS 126. KIND OF BUSINESS OF WORK FOR FOLLOW ORKING LIFE) TOWN APOLIS 127. KIND OF BUSINESS OF WORK FOR FOLLOW ORKING LIFE) TOWN APOLIS TOWN	R
MARYLAND 2120 led within 24 hours on a 2 shalled in by on d 2 shalled file	4	ATHER'S NAME ATHER'S NAME ATHER'S NAME ATHER S NAME AT	in the
E, MARY	1	JULIAN HOLLAND CHILDS HUCILLE MIDDLE ME DOPMAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	_
BALTIMORE, cate be execut ysrcion and co ppers. Pages vol.	1	YES WITT 21503 4805 FRANCES B. CHILDS #13 21402	
201 W. PRESTON ST., BAI es that the death certificate ned by the attending physic please remove carbon pape unal, cremation, or removal, r, or other traumatic event,		APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	-,4
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requirer offending physician. To then ding physician of the low seen sign of sthe buriol-tronsit permit. Then ons the buriol-tronsit permit. Then thond Mental Hygene prior to borked or term 8 shows ony injur	MEDICAL CER	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	_
ATTEND or spitol or CTOR: A for use of Heo		WHILE AT WORK NOT WHITE AT WOR	st
TO HOSPITAL OR retained by the hor TO FUNERAL DIRE with the Store Dept. with the Store Dept. With the Store Dept.		22d. PHYSICIAN'S NAME (TYPE OR PRINT) R. I. HOCHWAY, W. 16 Marrae, Auf Marrae	-
D S O S S S	23a	BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION STOCKED ST	
DHMH - 16 50M 7/77 (VR A 15 (4))	24 E	EUNERAL DIRECTOR NAME YLOR FUNCAPIEL HAPEL HUNAPOLIS MD 21401 250. DATE STOR STREET	

	THE AMERICAN STREET, AND ADDRESS OF STREET, A		
The Robert Land	3477 J. 1. 1.	WALLSTON	
	TE BUGTERY		
HARLE HARMANTE		5 12 Tr 18 22	
		Aug Truck	150
		granding and	
Miles Barrier	Commence Sometime	1	
Marine Jeans Carif	Andrew Color		

6	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE REG. NO.	, 4 4	
	DECEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH DAY	YEAR 26. HOUR	
1 P	(Luella Clic	k	Jan.28,1984	9:19p	
1	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UN	DER I YEAR IF UNDER 24 HRS.	
1.1	/ Female	Cauc.	July, 20, 1895	88 YRS.		
7/1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	(2)			
0	Pa.	USA	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	Λ	М	
7	e. City or town of DEATH Edgewater	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 1539 Ridgely	ING HOME OR OTHER INSTITUTION ET ADDRESS) Dr.		b. KIND OF BUSINESS OR	
1		OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION) WN 113d. INSIDE CITY LIMITS?		0/200	
1	* * * * * * * * * * * * * * * * * * * *	.A. Edgewat		1539 Ridgely Dr.	405/	
2/1	1. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN !	MIDDLE	LAST	
1	Israel Weibly	DUED CODESCO LUI COCIUI CO	Elizabet	th Kruose		
/1	60 WAS DECEASED EVER IN U.S. / (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		same as 13 e		
=		only one couse per line for (o), (b)		- 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAU	SED BY.	ardiac arrest		BETWEEN ONSET AND DEATH	
	4140	DUE TO, OR AS A CONSEQ	4	4		
E	Conditions, if any, which	DUE 10, OR AS A CONSEQ	Coronany 19	Heres Disease		
or other troumotic	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ		//		
Ottu	underlying couse lost.		DENCE OF	,		
		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN	PART I(o)	
No.	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING					
1	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WE	RE FINDINGS USED CAUSES OF DEATH?	
4	ar I			YES NO YES	NO [
9	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR 216 HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18, PART) (OR PART 2)	
1	(IF EITHER, NOTIFY MEDICAL EXAMINE	LAIII	19			
	(IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION	CITY OR TOWN	OUNTY STATE	
	WHILE AT WORK AT WORK	, white, or net own, or net		-1	SIATE STATE	
	220.1 certify that III Italis hos	pital) attended the deceased from	1-28 19.8	4-, to 1-28 192	74, that (1) (we) lost	
	saw the deceased giver on the same of the	not) view the body after death.	ond that in (my) (our) opinion	on death occurred on the date and hour and	from the couses stoted	
	226 SIGNATURY	7//	A DEGREE		22c. DATE SIGNED	
-	(trulas)/6	Wante mi	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1-30-84	
1	22d PHYSICIAN'S TAME (TITE	di renetti	22e. ADDRESS	Z SINCE TON EL TITISTEIN EL	1 200 01	
1	A. G. Ale	xander				
2	3a. BURIAL CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION		
	(SPECIFY) Cremation		Cedarhill Cem.	Suitland Md.	TY STATE	
2	4 FUNERAL DIRECTOR			ATE REC'D. BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE	
	Hardesty Funera	Annapolis			I Comila	



66	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8 4 0	0 ! 3 5
e £	I. DECEASED NAME (TYPE OR PRINT) Charles	Franklin ollison	20 DATE OF DEATH MONTH DAY	84 3.15 M
_ (t)	male 1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF U	UNDER 1 YEAR IF UNDER 24 HRS
5	70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF	WHAT COUNTRY? 8. MARRIED SEVER MARRIED WIDOWED DIVORCED DIVORCED	PALTIMORE CITY OF COUNTY OF	el Co mo.
by the full filled with	AMAPOLIS AME	HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHEADURY, GIVE STREET ADDRESS.	120 USUAL OCCUPATION THE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
AND 212 AND 212 filled in mould be	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE	HODONS YES NO	415 Jetferso	altol in Street
MARYLL ed within ond 2 to	Davi'à	Collison Ellen	WIDDLE WCC	cready
IMORE,	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YE NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	214-05-2999 Shirley A	nn Collision-	same as
II., BALI Inficate physicis propagen emerginal	18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rline for (a), (b), and (c) CARDIO _PULMONARY	Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce death ce ottending se corbi	Conditions, if any, which (1b)_	OR AS A CONSEQUENCE OF CRCCINO MATO	515	
that the day the case rema	gave rise to immediate cause (a1, stating the underlying cause last	DR AS A CONSEQUENCE OF		

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [YES [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING _ CAUSE OF DEATH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION STREET 21e PLACE OF INJURY 21d. INJURY OCCURRED CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) (1) (his hospital) ottended the deceased from that (I) (we) last 22a. I certify that eased alive on e) (did)(did not) view the body after death. and that in my (aur) apinian death occurred by the date and hour and from the couses stated DEGREE ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME THE OF PRINT 23d. LOCATION NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23h DATE

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR: etoined by the hospital

0

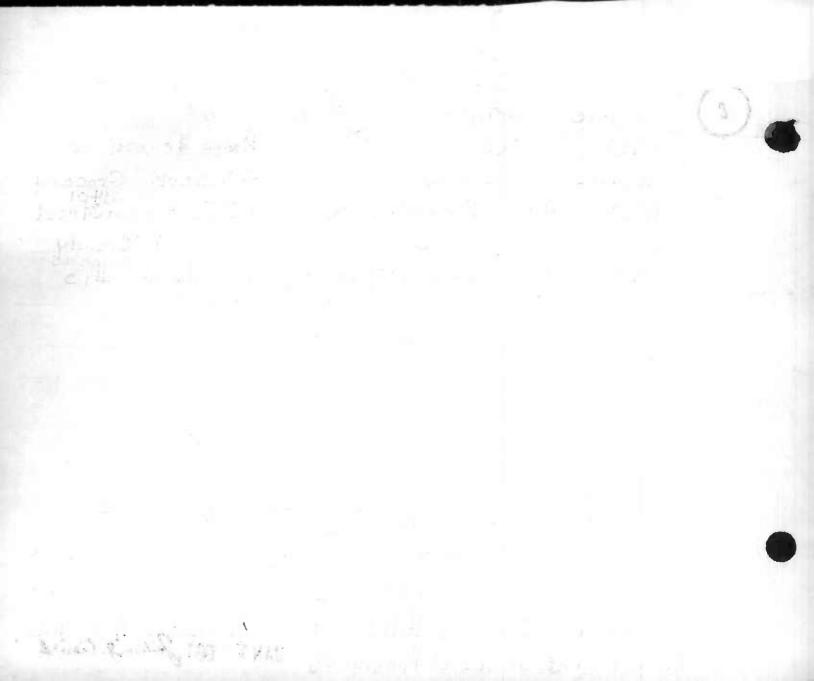
should be detached for use as the burial-trainit per with the State Dept. of Health and Mental Prysiere

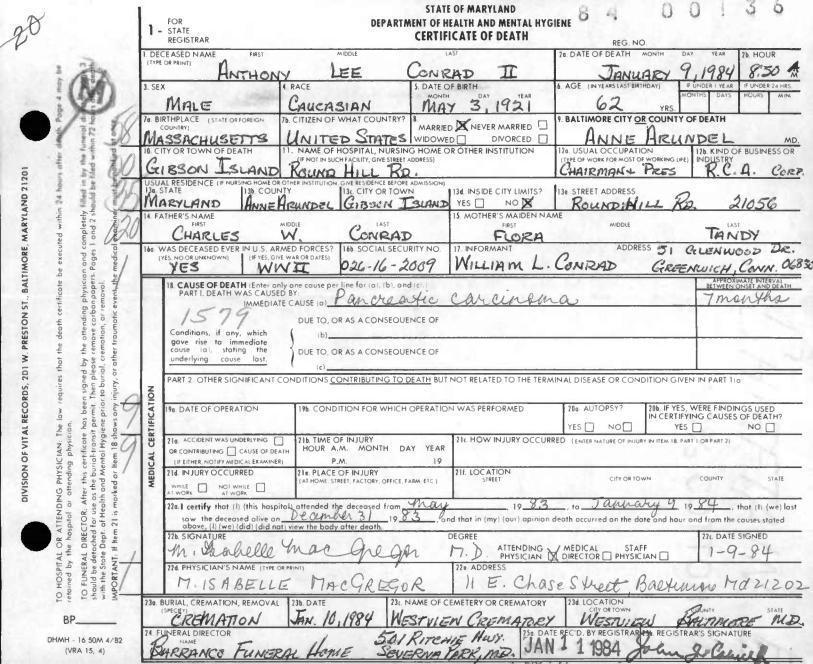
IMPORTANT: If Item 21 is morked or them

PHYSICIAN

OR ATTENDING

O HOSPITAL

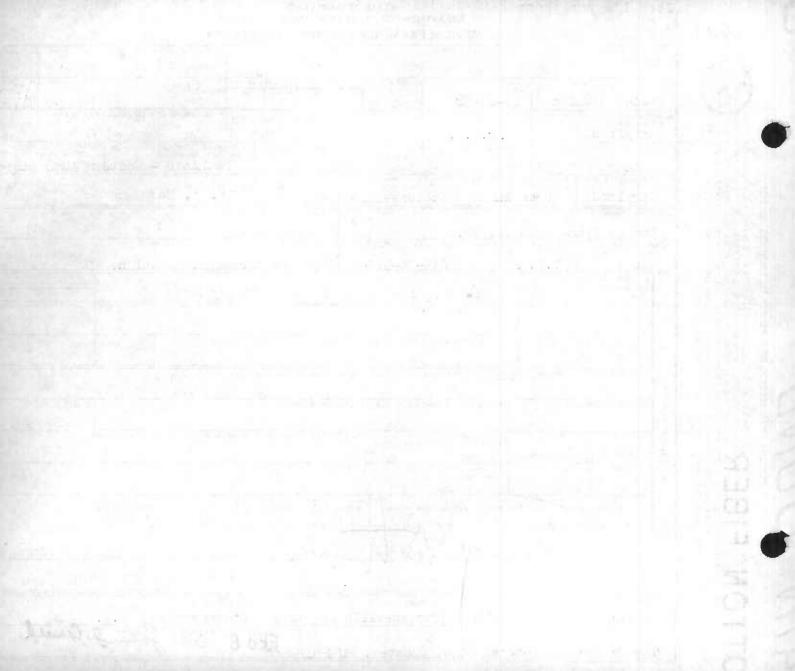


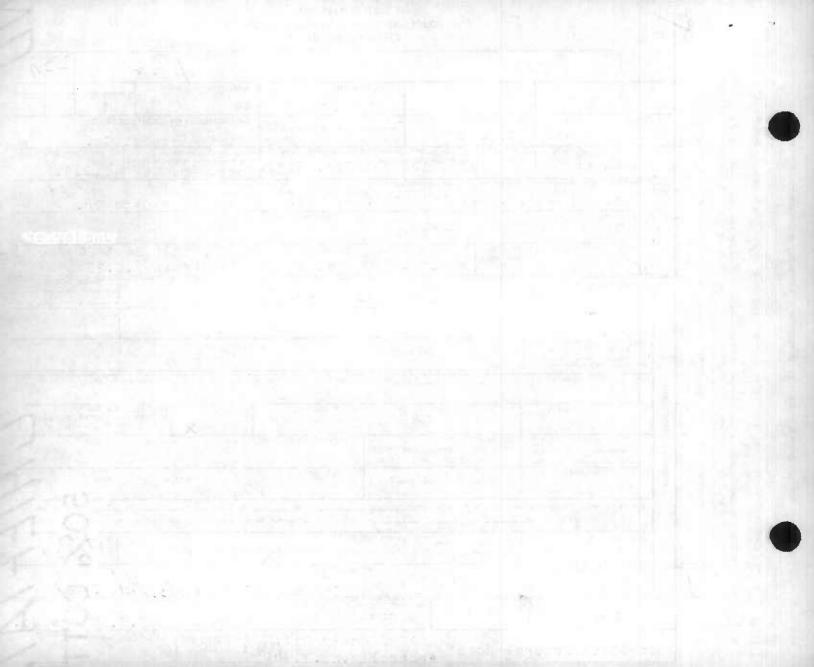


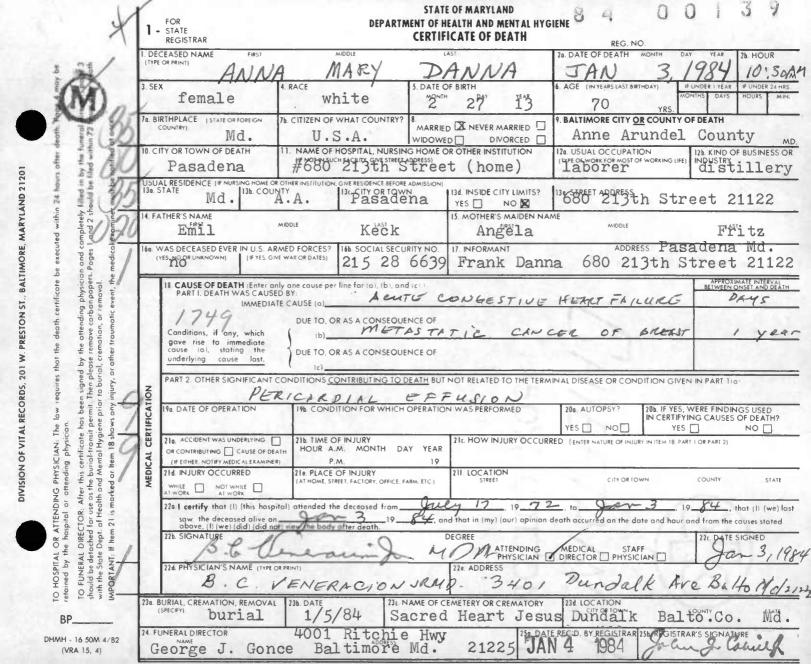
But a the bank of the second o AN STREET, THE PROPERTY OF THE LONG THE RESERVE AND ADDRESS OF THE PARTY OF

1	_	OR	per pho	one 2/10/8	DEPARTMENT		MARYLAND H AND MENTAL H	YGIENE	0 0	1 3	1
941		TATE					CERTIFICATE C	NE DEATH	EG. NO.		
0'	I. DEC	EASED NAME	FIRST		WIDDLE		LAST	Za. DATE KNO	HTHOM TO NW	DAY YEAR	2b. HOUR
1	(TYPE	OR PRINT)	Geor	rae	Frank	(Council .	OF EST DEATH MAT	-	30 19 84	M
	3. SEX	4	RACE	5. DATE OF BIRTH	6. AGE		NDER 1 YR. IF UNDER	24 HRS. 2c. DATE	MONTH	DAY YEAR	2d. HOUR
1	_ 1	Male .	White	07-21-3	8 45		THS DAYS HOURS	PRONOUNCED DE AD	1	30 1984	11:23 A
		THPLACE ISTA	TE OR	76 CITIZEN OF WE	AT COUNTRY?	8. MARR	RIED NEVER MARR	IED 3 9. BALTIMORE	CITY OR COUN	TY OF DEATH	
1		faryland		.U.S.			WED DIVORC	Innic		l County	MD.
7	10. CI	Y OR TOWN O	FDEATH		PITAL, NURSING H		HER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING L	IFE)	OR INDUST	RY
1		Annapo	lis /	Anne Aru	undel Gen	eral H	ospital	Mechanic	- West	ern Auto	Store
1	13a. S1	ATE	134 COU	OR OTHER INSTITUTION, GR	13c. CITY OR TOV	VN	13d. INSIDE CITY LIMITS?	Rt. 3, B	22P	011	111
4		laryland	I v Que	en Anne	Stevens	ville	YES NO		OX ZZD	044	000
1		THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAID!	EN NAME MIDDLE		LAST	
1	(eorge I	rank Co	ouncil, Sr	16b. SOCIAL SEC	URITY NO	Anna Ba		DRESS		
1	(YE	S, NO, OR UNKNOW	N) IF YES, GIV	E WAR OR DATES)							
		es	U.S		<u> 1 219–36–</u>		Joyce Bar	tlebaugh, Br	ooklyn,	MD	5 (A) (VE DA) (A)
١		18. CAUSE OF PARTIDEA		nly ane cause per line				n		BETWEEN ONSE	
		417	30 IMMEDIA				ardiovascui	lar disease			
		Conditions	, if any, which		AS A CONSEQUEN	NCE OF					
		gave rise	ta immediat	e / (b)							
-		lying cause	tating the <u>under</u> last.	DUE TO, OR	AS A CONSEQUEN	ICE OF					
1				(c)							
1	z	PART 2 DTHER SIGN	IFICANI CONDITIDN	CONTRIBUTING 10 DEATH	BUT NOT RELATED TO THE	TERMINAL DISEA	SE DR CONDITION GIVEN IN PA	IRT 1 (a)			
H	VIIO	190. DATE OF C	PERATION	196 CONDI	ION FOR WHICH (OPERATION V	VAS PERFORMED?			20 AUTOPSY	2
	MEDICAL CERTIFICATION									YES X	NO 🗆
1	ERT	21a. EXTERNAL		21b. TIME OF	INJURY	21c. H	IOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR P		NUL
	ALC	UNDERLYING CONTRIBUTIN	OR		MONTH DAY	YEAR				.,	
	DIC	21d INJURY OF		21e PLACE C	OF INJURY (AT HOA		OCATION				
	M	WHILE AT WORK			ORY, FARM, ETC.)		STREET	CITY OR TOWN	C	OUNTY	STATE
	De si	The state of				A	T		3 1		
		27a Loertify	that Esech char	ge of the remains del	ed abave, held	on Autor	psy X, Inspectio	n . Inquiry .	ond in my o	pinion	
		death resulting	Virom / Nor	Prol courses A	Adjugant)	Sujcide	, Hamicide	Undetermined manner	<u> </u>		
A		ACTUAL	V	mul . I	17	XA	TITLE (SPECIFY)	- C	DATE	1/21	101
7		SIGNATURE_	1	www	MARK	1	beputy Chi	efmedical examiner	SIGN	IED1/31/	84
	A.	EXAMINER'S N	AME Th	omas D. Sr	mith. M.D		111	Penn St.	Balto	. Md.	
-	22, 01	TYPE OR PRIN	/				ADDRESS		10100	110.	
	(5	IRIAL, CREMATI	ON, REMOVAL				OR CREMATORY	23d. LOCATION CITY OR TOWN			ATE
-		Burial	OR	02/02/84	Steven	sville	Cemetary	Stevensvil		SIONA GRE	
		NAME		ADDRESS				B 8 1984	John	J. Thue	A
1	'.	om Heli	enbein	Funeral Ho	me, Ches	ter. MI	21619				

20M 4/82







AUTHOR MEN MUTA BETTA PURE Sames attach eorga v. Gonor Unithouse and . 21225 All Luci

34	500	STATE OF MARYLAND	00140
6	FOR STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG.	NO.
Course Age of the Course of th	T. DECEASED NAME FIRST TIMO 1. SEX 14 RACE	MIDDLE LAST 20 DATE KNOWN	MONTH DAY YEAR 26 HOUR Jan 3 184 4 MONTH DAY YEAR 26 HOUR
NN72 I	MALE White	A 30 56 2 YRS.	JAN 3 1984 M
NECESS S. FOR S. FOR	Wash, DC	U.SA. WIDOWED DIVORCED ANNE	ARUNDEL MO.
ELAY IS TO THE P SE PILED	Anna Dolis	11. NAME OF HOSPITAL, NÜRSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCHFACILITY, GIVE STREET ADDRESS) Anne Hrunde General Hospital Carte Cartesian Content of Conte	(TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY
AND 3 THE HOLLD BEFORE	USUAL RESIDENCE (IF IN NURSING HOAD)	ARE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 136 ST THE ADMISSION 137 YES \(\sum \) YES \(\sum \) NO RESIDENCE BEFORE ADMISSION)	TICO 21037
MORE, MD AGES 1, 2 AGES 1, 2 RM PM 3	John	B. Davey, Sr. Marguerite MIDDLE	O'Dea
RES AFTER 1. GIVE PA WITH FOR PACES I	WAS DECEASED EVER IN U.S.,	ARMED FORCES? VIEWAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMACIT ADDR. ADDR.	#13
RESTON ST. HIN 24 HOL. LIN TEM 18 R ALONG 19 KST PERMIT HYGISPE. EMOVAL.	PART I DEATH WAS CAU	DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
SECUTED IN PERCAL EXAMPLE AND MENAL OF AND M	cause (a) stating the <u>und</u> <u>lying cause last</u> . PART 2 OTHER SIGNIFICANT CONDITION		
₹ 古音共元皇帝》	190. DATE OF OPERATION 710. EXTERNAL CAUSE WAS	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
P PARET O			
DIVISION WARTER WARED TO WARED TO WARE BRACK ZIZOI PROR	ONDERLYING ON COURTING CAUSE OF THE COURTING O	21e. PLACE OF INJURY (ATHOME. STREET, FACTORY, FARMLETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
XAMINER: ERTIFICATE LID BE FOR WITH THE S ARYLAND,	220 I certify that I took ch	orge of the remains described above, held on Autopsy , Inspection , Inquiry , itural causes Accident , Suicide , Homicide , Undetermined monner TITLE (SPECIFY) M.D. MEDICAL EXAMINER	ond in my opinion DATE SIGNED 1-3-84
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU PAGE 4 SHOU AFTER DEATH	EXAMINER'S NAME A	Mes EWheeler ADDRESS 910 Primisse	Ansapoli
BP	230. BURIAL, CREMATION, REMOVA TOUR 24. FUNERAL DIRECTOR	Jan. 6,1984 Lakemont En. Davidsonal	LE ALPA MIS
DHMH - 17 (VR A15 ME (5)) 15M 2/90	Taylor Funer	nal Chapel-Annapolis MD JANO 9 1904	

Ariye Arulise Land Committee of the C HEAD OF THE STREET OF THE STRE - Constitution is must the property and in developing the war I to the first and the first the said to the said all chapter is a second of

40	1	FOR STATE REGISTRAR		DEPARTMENT OF	HEALTH AND MENT FICATE OF DEAT	H	() ()	4-
boy be	(TYP	CEASED NAME FIRST AL BE			LVÌS	20. DATE OF DEA	1 P8 - F	YEAR 26 HOUR SAM M
ge 4 m ector, p	3. SE	mele	Black	- 3	OF BIRTH	EAR STATE OF THE PERSON	YRS MONTHS	
nerol di		RTHPLACE (STATE OR EOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8 MARRII	D NEVER MARR	IED A	LE Arus	MD.
s ofter d	/1	INAPOLIS		TAL, NURSING HOME		TYPE O WORK EOR		L KIND OF BUSINESS OR IDUSTRY
AND 212 A hou filled in hould be	130	AL RESIDENCE (IF NURSING HOME OF THE STATE O	OR OTHER INSTITUTION, GIVE RE	SIDENCE BEEORE ADMISSION	13d. INSIDE CITY LI YES NO	0 1147	RESS / ZIP CODE Marloo	821
E, MARYLE	1	ATHER'S NAME EIRST THOMAS		LAST		JANE	DD1E 01	WENS
BALTIMORE, MARYLAND cate be executed within 24 spers. Pages 1 and 2 should val. t, the medical examiner mag.	160 N(RMED FORCES? 166 S	S-12-539	MARVEL I	HOLT 1227 Mar		20771 Lothian, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ECORDS, 201 W. PRESTON ST., BALlow requires that the death certificate been signed by the attending physici mit. Then please remove carbonopoper prior to burial, crematian, or remaval.	CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A		I NOT RELATED TO T		20b. IF YES, WER	RE FINDINGS USED CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir cathending physician. We this certificate has been sign as the buriot-transit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN			21c. HOW INJURY	YES NO	YES [NO 🗌
DING PHYSICIA or offending ph After this certifi te as the buriel-th oith and Mental marked or them I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN.	JURY CTORY, OFEICE, EARM, ETC.)	21f. LOCATION STREET	cıı	Y OR TOWN CO	OUNTY STATE
HOSPITAL OR ATTEND sined by the hospital or FUNERAL DIRECTOR. A build be detached for use the the State Dept. of Heal PORTANT: If them 21 is m		270. I certify that (I) (this has saw the deceased alive a glove, (I) (pendint) (did in the control of the cont	None W	ter 19 85	DEGREE	DING MEDICAL ICIAN DIRECTOR O	the date and hour and	thom the couses stoted TOO DATE SIGNED TOO DATE SIGNED TOO DATE SIGNED TOO DATE SIGNED TOO DATE SIGNED
₽₽ ₽₩ \$ 8 P	23a.	BURIAL, CREMATION, REMOVA BURIAL	1-23-1984		CEMETERY OR CREM	ATORY 23d LOCATION	OUI COUI	Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR An	napolis, Md SONS MORTU	21401		150. DATE REC'D. BY REGIS	TRAR 256 DEGISTRAR'S	S. Cahiela

Problems . The configuration of the state of - Later Land - and I want of Les Anti Callery and with me property of the little hours THE REPORT OF THE PARTY OF THE

8	+	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		0	0 1	4 2
0			CEASED NAME FIRST		MIDDLE	Ĺ	AST	REG. NO		YEAR	2b. HOUR
70	oy be oge 3 deoth	(TAPE	MARGAR MARGAR	ET	W.	DAV	7IS	JANUARY :	13,198	4	5:45PM
	for, po	3. SEX	FEMALE	CAUCA		JUNE	2° 1947	6. AGE (IN YEARS LAST BIR 42	THDAY) IF U	INDER I YEAR	IF UNDER 24 HRS. HOURS MIN,
	6		RTHPLACE (STATE OR FOREIGN ARTY) LAND	76. CITIZEN OF USA	what country? }	8. MARRIE	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF ARUND		OUNTY
10	133	100	TY OR TOWN OF DEATH	120 USUAL OCCUPATION OF THE STORY		PITO	F BUSINESS OR NIST				
ND 212	24 hours	USU/ 130 S M A	AL RESIDENCE (IF NURSING HOME OF THE NURSING H	ROTHER INSTITUTION ARUNDE I	GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	1395 REET APPRESS	HOLLY	DR.	21401
MARYLAND 21201	12/12		THER'S NAME EDWARD	MIDDLE F .	DAVIS		VIOLET	ME	ARSA	NULT	
BALTIMORE, I	Poges /		VAS DECEASED EVER IN U.S. AI YESNIOOR UNKNOWN) (IF YES, GI	RMED FORCES?	218-42-		ROBERT E.	CAVIS SAM		3e	
W. PRESTON ST.,	hot the deoth certified by the ottending phy ose remove corbes pands, or remove other froumotic event		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	R AS A CONSEQU	ENCE OF	STRUKE O MOYA MOYA	VE TO			
DRDS, 201	equires t in signed Then ple r to burio injury, or	NOIL	PART 2 OTHER SIGNIFICANT	NON	IE						
DIVISION OF VITAL RECORDS,	The low rection.	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES ☑ NO□	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
N OF VIT	CIAN: 3 physic entifico nol-fron ntol Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A	.M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TO PART I	OR PART 2)	
DIVISION	NG PHYSI offer this cost be burth ond Me	MED	21d INJURY OCCURRED WHILE OF NOT WHILE OF NOT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	ATTENDI Spirol or ICTOR: A d for use d for use n 21 is m		22a. certify that (I) (this hosp sow the deceased alive of above, (I) (we) (aid) (did n	^	JOK 19_		ed that in (my) (our) opinion	deoth occurred on the d	ote and hour on		that (I) (we) lost couses stated
	THI OR /		226. SIGNATURI	980	mind	Wig.	ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN [22c. DATE	SIGNED 6/84
	O HOSF certified b Should be with the 5		THOMAS J	PREZ)	DEPT. OF	NEUROLO	164, जि	ANS F	10PKIND
	513		BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	HOOD D	YTAUC	MADVIAN
	BH_2/_2	24 FI	CREMATION UNERAL DIRECTOR	11-16-	-84 FØR	L LIN	COLN CREMAT	ORY BRENT	WALREGISTRAS	SIGNAT	MAKILAN.
	DHMH - 16 50M 4/B2 (VRA 15, 4)	1 -	ROBERT E. EV	ANS 12	12 WEST	ST.	ANNAPOLISA	MD 9 1984	round	x lah	uly

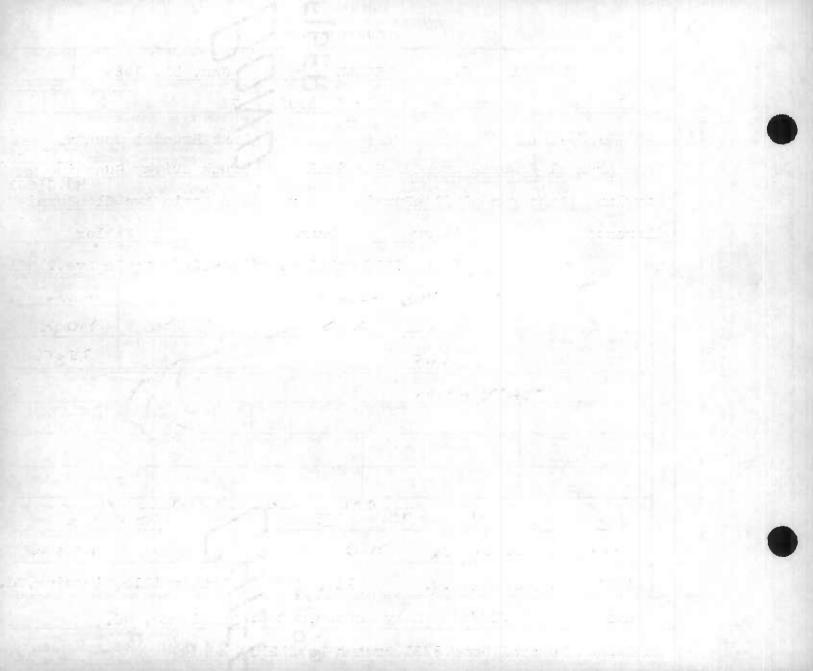
-

HERE: I DOWN SERVICE . LANG D. FOLYACIDE.

. .

THE PARTY OF THE P ngi) agai ng kalingga a a na kalingga .a. ana kaling en and the sections of the sections The real of the second of the AS COLUMN TO THE REAL PROPERTY OF THE PARTY The test integral to the second secon

STATE OF MARYLAND



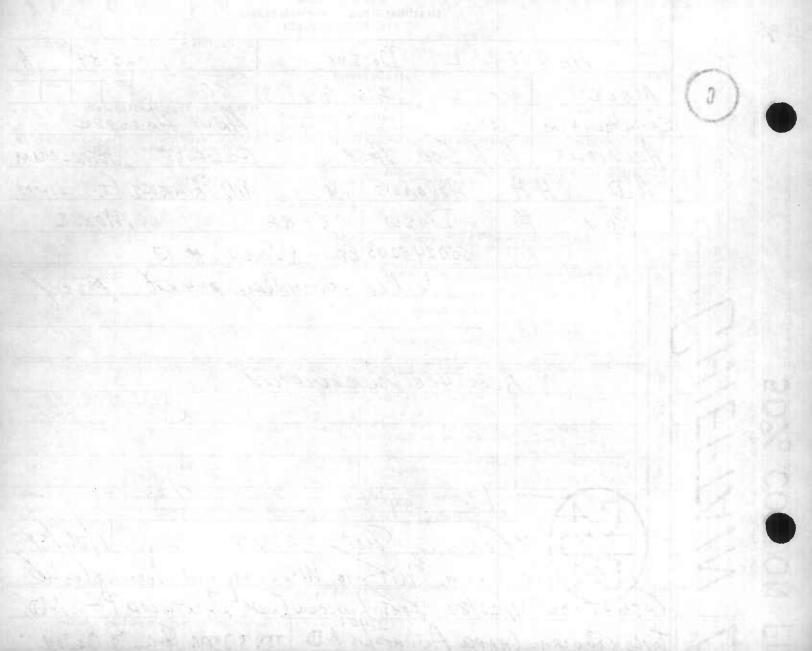
6	1-	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 4	00145
3 /24		CEASED NAME FIRST ORPRINT)	RY NATHANIE		LLS		MONTH DAY YEAR 76. HOUR
of the control of the	3. SE)		4 RACE WHITE	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRT	
death. Page	(RTHPLACE (STATE OR FOREIGN COUNTRY) NISCONSIN	76. CITIZEN OF WHAT COL	MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY O	TAC:
by the filled with	10 CI	ty or town of DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GP	VE STREET ADDRESS)	FOSP. DA	12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF ENGINEER	ON 126 KIND OF BUSINESS OR
ly filled in should be should be	13n. S	AL RESIDENCE (IF NURSING HOME TATE 13b. CO ARYLAND THER'S NAME	A.A. LINT	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO IS MOTHER'S MAIDEN NA	13e.STREET ADDRESS / 201 HAWTHO	ZIP CODE RNE ROAD, 21090
complete of some state of some		FIR51		LLS	FREDERICE	WIDDIE	TOBLEMAN
n ond co		VAS DECEASED EVER IN U.S. ES. NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES!	-05-7323	WILLIAM C.	ADDRE LITTLETON	SS GLEN BURNIE, MD. 7 CENTRAL AVENUE
equires that the death ce n signed by the ortending Then please remove carb to burial, cremation, or injury, or other traumatic	NO	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONTRIBUTION OF THE PROPERTY O	Severe NSEOUENCE OF Pell	Con as hot uf tuyocar NOT RELATED TO THE TERM	Hear for dial In for MINAL DISEASE OR CONT	clion diven in part 110
ow mit.	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
HYSICIAN; The I dding physicion. is certificate has buriol-tronsit pe buriol-tronsit pe buriol-tronsit pe con them 18 shows	MEDICAL CER	718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MON'	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
OING PHYSICI or otherding I After this cert e os the buriol alth and Ments marked or iten	MED	WHILE OCCURRED WHILE NOT WHILE OF WORK	(AT HOME, STREET, FACTORY	OFFICE, FARM, ETC)	21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
OR ATTENION AND THE NICE OF ATTENION OF ATTENION OF HER OF THE NICE OF THE NIC		saw the deceased alive	on 124 on nat) view the body ofter death	19 8 4 , 01	DEGREE	deoth occurred on the do	19 4, that (I) (we) lost ste and hour and from the causes stated
TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT; it		224 PHYSICIAN'S NAME (TY)	N REIDE	R MO	220 ADDRESS 7 4 4	Δ .	ACE BRANCH Rd 6. Bu
BP	23a. B	URIAL, CREMATION, REMOV SPECIFY) BURIAL	23b. DATE 02-01-84		EMETERY OR CREMATORY DON PARK	23d. LOCATION BALTIMOR	
DHMH - 16 50M 4/83	24. FU	INERAL DIRECTOR		DRESS WILKE	21229 NS AVE. FFI	TE REC'D. BY REGISTRAR	25 REGISTRAR'S SIGNATURE

The same and the s the second of the second of the second of Land to the Control of the Control of Charles

	1-	FOR STATE REGISTRAR	DEI	STATE OF I PARTMENT OF HEALT CERTIFICAT		REG. NO	0	0	4 6 EST
(n)		CEASED NAME FIRST	MIDDLE	LAST	1920 EFET	20 DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR
(2)	(1142	HAZEL	ALVERTA	DITTMAR		JANUARY	17,	1984	730 AM
	3 SE		4 RACE	5. DATE OF BIR'		6. AGE (IN YEARS LAST BIRT		IF UNDER TYEAR	HOURS MIN.
nge 4		FEMALE	WHITE	JUNE 3	11910	13	YRS		
h. Po		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OF	-		,
deat deat		WIH CAROLINA	USA	WIDOWED	DIVORCED X			COUNTY	MD.
by the f filed wit	1	GLEN BURNIE		DEL HOSPITA		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIF		ome
filled in rauld be	13a. S	AL RESIDENCE (IF NURSING HOME OF	NTY 136 CITY O	OFNA YES			ZIP CODE	PH 2	1122
ored within to and 2 sh	14. FA	AVID M.	MIDDLE FRAL	15. N	CLIZABET	MIDDLE		COLSO	W
oe execut on and co		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES!		LLEN La M	ARTINA 1	933	Loca	st Rd
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours ratending physician and completely filled in by as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. are shown on y injury, or other traumatic event, the medical contectment to acked or them 18 shows any injury, or other traumatic event, the medical contectment to acked or them.	NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT ((c) 5	SEQUENCE OF PORT	and and a service services of the services of	J Comments of Contract of Cont	OL DITION GIV	EN IN PART IC	2
TAL RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION WA	S PERFORMED	20a AUTOPSY? YES NO	IN CERTIF	S, WERE FINDIN YING CAUSES S	OF DEATH?
SICIAN: The map physicial physicial-transit central Hygistem 18 sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONT	H DAY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IB P	ART I OR PART 2)	
DIVISION NG PHYS: after this or as the bur th and Me arked or th	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, EACTORY,	211	LOCATION	CITY OR TOV	VN	COUNTY	STATE
ATTENDIN spital or STOR: Af- for use o of Health		22a I certify that (I) (this hosp saw the deceased alive an		211	t in (my) (our) apınıan	death occurred on the do	te ond hou		that w (we) last couses stated
ALOR A the hos ALDIREC Jefoched Ste Dept. T. If Hem		77% SIGNATURE	0	DEGR	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	22c, DATE	SIGNED 4
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State (IMPORTANT: #		DALJIT S. S	AWHNEY M.D.	220	14	22 BALTIMORI NIE, MARYLAI	S-AUVIVA	40200	BOULEVAR
0 5 5 3 8 8 4 8 4 8 4 8 8 8 8 8 8 8 8 8 8 8 8	23a 8	SURIAL, CREMATION, REMOVAL		230 NAME OF CEMET		23d. LOCATION		T, OHNIA	STATE A
BP		BURIAL	1-20-34	Ft. LINE	OLN	BRENTWO		P.G.	md.
DHMH - 16 50M 4/83 (VRA 15, 4)	24. FI	ONE CULLY F.H.	3204 moi	INTRIN Ad	122 250. 94	N 2 5 1984	256. REGIST	RAR'S SIGNATI	JRE Capiel A

Harder Harder State 13 France 2 1916 France 2 1916 France 13 France 2 1916 F					
County of the second of the se					
DAULD IN FRELLY ELLENGE X 1939 Lealer 19 2022 DAULD IN FRELLY ELLENGE COLORS NO		31/11/8	and a		24447
DAULD IN FREILY ELLERGY CONSOL NO THE STATE OF THE STATE		×		120	SECT CASE
Dauld M. French 2775 Ellen La mainten 4 /723 Lockson Mills Constant Mills Constan	Fried The Statement				
Dauld M. French 2775 Ellen La mainten 4 /723 Lockson Mills Constant Mills Constan	SELLS HE TOUGH EEPL	y	Briggman's	Laz ALA	100
AN TO SOLER, R. MARKEN AL MANAGEMENT OF COMMENTS OF CO	H CONSON	ELIZABET	Year	i a	S. Q.WAC
					TO M
		ver F			
	X 143 - C/4-2	2 19			
	ratike aburbaya -mantulay i				

nd in	1-	FOR STATE REGISTRAR		ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	0014/
moy be		ASED NAME HAR VE	CE	DREW S. DATE OF BIRTH	20. DATE OF DEATH M	AONTH DAY YEAR 26, HOUR 1 - 25-84 AM IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
deoth. Page 4	19 0	:1/	ITZEN OF WHAT COUNTRY?	BMARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTHMORE CITY OR	YRS.
after the f	10. CI	ORTOWN OF DEATH UNAPOLIS	NAME OF HOSPITAL, NURSING	GHOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF CEOLOGIST	N 126 KIND OF BUSINESS OR
within 24 hours letely filled in by d 2 should be fill	13a S	L RESIDENCE (IF NURSING HOME OR OTHER 13b. CO) NITY	. HUNAPO	13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NA	17.7	705E (T. 21403
comp comp		AS DECEASED EVER IN U.S. ARMED S. NO OR UNKNOWN) (IFYES, GIVE WAR	DRE	ITY NO. 17. INFORMANT	ADDRES	MORSE
15, 201 W. PRESTON ST., BALTIMOR uires that the death certificate be exemisgated by the offending physician and nen please remove carbon papers. Page 5 buriol, cremotion, or removal.	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN	les-requests	AINAL DISEASE OR COND	BETWEEN ONSET AND DEADS
L RECORD The low required has been in permit. The permit is the permit in the permit	CERTIFICATION		4 COUNTION FOR WHICH O	DPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITA DING PHYSICIAN: Th or oftending physicic After this certificate te os the buriol-transit oith and Mental Hygi morked or them 18 sho	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	19 21f. LOCATION	RED (ENTER NATURE OF INJURY	
OR ATTEND he hospital or DIRECTOR. A looked for use to Dept. of Heal		220. I certify that (I) that he pital) c saw the deceased alive an above, (I) (100 to that did not) vie 22b. SIGNATURE	1/25 198	, ond that in (my) (our) opinion DEGREE ATTENDING C PHYSICIAN		te and hour and from the Javes stoted
TO HOSPITAL (retoined by the TO FUNERAL I should be detoined the State (IMPORTANT: I	230 5	120- PHYSICIAN'S NAME (TYPE OR PRIN	chuan U	AME OF COMETERY OF CREMATORY	and a	heregderyd
BP	6	EMATION /	1. 1/2/1/2/	RI LINCOLN (RE	A GUT OR TOWN	1000 P.G. MO
DHMH - 16 50M 4/82	1	NERAL DIRECTOR	n	21401 250. DAT	TE REC'D. BY REGISTRAR 2	
(VRA 15, 4)	1pm	LOR LUWERAL /	HAPEL HUNT	450 US VID TAR	13010971 X	26. 8. 62.00



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

YLAND 21201

min many to the community The man and the same of MEN 30 The John John & Court The state of the s

1	3	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	REG. NO	U	U	EST
1		CEASED NAME FIRST		MIDDLE		AST ,		AONTH DAY	YEAR	2b. HOUR
1/16/8	(,,,,	EMO	RY	MERRILL	FLSWI	CK	JANUARY	0.8	1984	1005 A
TUNI	3. SE	Х	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTH		UNDER 1 YEAR	IF UNDER 24 HR5
1/2	N	fale	W	nite	Apr		53	YRS.	NIHS DAYS	HOURS MIN.
8 28 OF		IRTHPLACE (STATE OR FOREIGN		OF WHAT COUNTRY?	8		9. BALTIMORE CITY OR		F DEATH	
oth.	N	farvland	II	.S.A.	WIDOWE	DANEVER MARRIED DIVORCED	ANNE AI	DIMMET	COLINEL	Y MO
p F		ITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL NURSIN	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATIO	M .	12b. KIND OF	BUSINESS OR
offer of the led y the	7	GLEN BURNIE	0.000	RTH ARUNDE		TTAI	Police Of	Figor	INDUSTRY	Anne
ours ours	USU	AL RESIDENCE (# NURSING HOM STATE 13b. CO								
ND 24 h						13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Box 790 Sh	(2:	1032)	a
YLA Ithin 2 sho		ATHER'S NAME	undel	Crownsy	TITE	15. MOTHER'S MAIDEN NA	ME 790 31	TETCOL	I Road	١
MAR ad win		Mossa i 1 1	MIDDLE	LAST		FIRST	WIDDLE		LAST	
comp	# 16a Y	Merrill WAS DECEASED EVER IN U.S.	ARMED FORC	Elswic		Hilda	ADDRES	S	Geo	rge
MOR e exe Poge medic			GIVE WAR OR DAT	ES)		Mrs. Conni	fe)	1 anno	200	41 2)
e be cion cion he m			N/A			IMIS. COMMI	e EISWICK	Isame		413)
hysippop pop novo ent,		18 CAUSE OF DEATH (Enter PART), DEATH WAS CA			id (c).)	clare line	alerw	0	BETWEEN O	NSET AND DEATH
ng p bon		4140 IMME	LATE CAUSE	o) Charles	در ن	. 0 8 0		-0	10	n
oth on, o		Contract of	4 Stell	O. OR AS A CONSTOU	ENDERE	ili Mac	coalie	on.	Blac	72-
e de e off mov		Conditions, if any, which		00 0	, 1	Coster	reservan	lux	- 1	/-
W. F hot th by th sse re sse re l, cren other		couse (a), stoting the underlying couse last.	DUE	O, OR AS A CONSEQU	ENCE OF	ALL D	A		9	7
201 s the ed b plea rriol,		PART 2 OTHER CICATEICA	IT CONTOUR	a comment	ine	Aveca	4		accu	was
sign hen then to buy,	Z	PART 2. OTHER SIGNIFICAT	41 CONDITION	45 CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR COND	ITION GIVEN	IN PART Ita	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours or offending physician. Wher this certificate has been signed by the offending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file than and Mental Hygiene prior to burial, cremation, or removal. One of them 18 shows pagy injury, or other traumatic event, the medical examiner and the permits of the medical examiner.	CERTIFICATION	19a DATE OF OPERATION	19h C	ONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	70h IF YES V	VERE FINDING	GSTISED
nos benermine prima ws.	FIG			or o	, O, EKA IO	TO THE OWNER		IN CERTIFYIN	NG CAUSES	OF DEATH?
VITAL N. The hysicia record hygie Hygie	# E	21a. ACCIDENT WAS UNDERLYING	□ 215 TU	ME OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES [) OR BART 3)	NO 🗌
Physical Phy	/	OR CONTRIBUTING CAUSE OF	DEATH HOU	R A.M. MONTH D		The transfer occord	(ENTER NATURE OF INJURY	IN IICM TO PART	ORPARI 2}	
NOF Ing p Ing p ourial-l wental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM		P.M. ACE OF INJURY	19	21f. LOCATION				
PHY rendii r this the bu	ME	WHILE TO NOT WHILE TO		ME, STREET, FACTORY, OFFICE, I	FARM, ETC)	STREET	CITY OR TOW	NA	COUNTY	STATE
DIVIS DING P or offer the				1	- 17	1/2/1 C/2	1/	8	84	
OR: Hee		22a.1 certify that (I) (this has saw the deceased alive	4.1	10/	4	that in (my) (aur) apinion	death occurred on the dat	0 , 19.		hot (I) (we) lost
ATT ospiral os		saw the deceased alive above, (H.(we) (did) (did 22b, SIGNATURE	rift viting their	body affar death.	1	DEGREE	dealli occorred on the dar	e ona noor a	-	buses stated
OR DIR	1	1220. SIGNATURE	111		1	ATTENDING	_ MEDICAL STAFF		27L DATES	TXL
HOSPITAL ned by th FUNERAL IN be determined the State	1	224 PHYSICIAN'S NAME A	PI CHENTI	()		PHYSICIAN [DIRECTOR PHYSICIA	AN	1/0	107
HOSP and be wild be		The second strayed	1	X		47	30 MOUNTAIN	ROAD	/ /	1
O HOSP etoined TO FUNE with the Should by		ANASTACTO	E SURO			PASADENA		11122		
	23a.	BURIAL, CREMATION, REMOV (SPECIFY)				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	c	OUNTY	STATE
BP	B	urial .	Jar	12,84 G	len H	aven Mem. F				, MD
DHMH - 16 50M 4/B2		UNERAL DIRECTOR PLANT	hullen	ADDRESS		250. DAT	E REC'D. BY REGISTRAR 2	Sb. REGISTRA	R'S SIGNATU	RF · A
(VRA 15, 4)	Si	ngleton Fun	eral I	Home Glen	Bur	nie, MD	114 2 0 1304	0-0	mon !	much

of the contract of the contrac

E. Fort Ave. Balto. Md.

(VRA 15, 4)

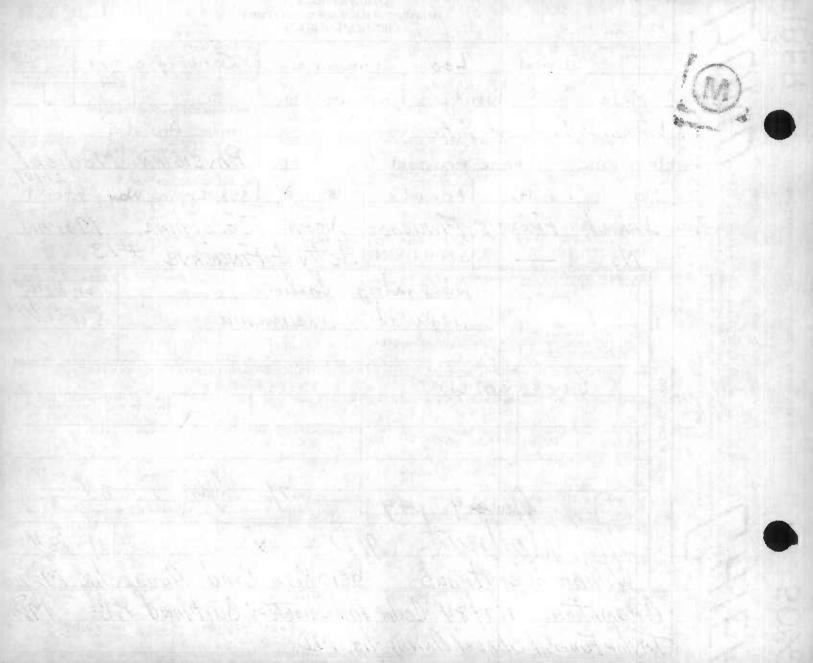
STATE OF MARYLAND

and the second of the second o madical , solicin

3	3	1.	FOR STATE	DEPA	STATE OF MARYLAN	ENTAL HYGIENE	8 4 (00151
bu	-1	1 DE	REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DE		REG. NO.	DAY YEAR 76 HOUR
	(T)		ORPRINT) Helev	no	Exechant	20 10	T. 1	DAY YEAR 26. HOUR
	(A/)	3. SE	110101	RACE	5. DATE OF BIRTH	6. A	GE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	W.	1	temale	White	Jan. 24,10	700	83 YRS	MONTHS DAYS HOURS MIN.
	orh. Po	7a. B	(OUNTRY) a	CITIZEN OF WHAT COUNTE	MARRIED NEVER MA	ARRIED 7. B	ALTIMORE CITY OR COUNT	Y OF DEATH
	P 2 4 P	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		ORCED 120	USUAL OCCUPATION	126. KIND OF BUSINESS OR
10	by the filed will	1	Innapolis	Anne Hrund	EET ADDRESS)	1 1 ITY	HOF WORK FOR MOST OF WORKING L	
0 2 1 2	4 hour		AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUNTY	THER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)		STREET ADDRESS	A
IAN	(E 8 E 7	IA E	ND H.+	t- Hrnap	OLYS YES X	MAIDEN NAME	5 Gibson	Koad-21401
MARYLAND	mpletely ond 2 sh	3		Bedno		IRST 9	NOW N	LAST
	Poges 1	16a \	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMAN			ame as
BALTIMORE,	0 0 5		110 -	214-11	1917 TLE	ne lo	leski -	#13
BA.	physici npoper moval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY: (1/1	and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IS N	00000		4220 IMMEDIATE	DUE TO, OR AS A CONSE	DIENCE OF O	4	1_	
PRESTON	e deoth ce attendin nove corb otion, or troumotic		Conditions, if ony, which	((b) ONOT		eta Gi	nelity	
W. PR	t trees		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE		teno los	Med.	
201	ned by please priol, cr		PART 2. OTHER SIGNIFICANT CO	TO DOGO	O DE ATH BUT NOT BEYATED T	TO THE TERMINAL	DISEASE OR CONDITION GI	VEN IN PART 10
RDS,	n sign Then Then r to bi	NO O	Think at a strain and the strain and	on principal designation of the principal des	O DEATH BOT NOT KEEKIED !	TO THE TERMINAL	DISEASE OR CONDITION OF	YEN IN PART ITO
DIVISION OF VITAL RECORDS,	low resemble.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFOR		IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
ITAL	The sicion sicio	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121c HOW INJU		ES NO Y ENTER NATURE OF INJURY IN ITEM 18	PART LOR PART 2)
O P V	SICIAN: 19 physical certifical certifical certifical from 18 from 18		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR			- 1710 Y
NOIS	PHYSK ending this ce he buric nd Men	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION	N	CITY OR TOWN	COUNTY STATE
DIVI	k o te	1	AT WORK AT WORK			0.3	1 10 0/	
	ATTENDIN Septal or of CTOR: Aft of for use os t. of Heolth in 21 is mor		22a.1 certify that (I) (this hespite sow the deceased alive on- obove, (I) (well Aliah (d			., 19 <u>81</u> ,		ur and from the couses stated
	8 4 8 9 d	-	obove, (I) (Alah (di 22b. SIGNATURE/	view the body after death.	DEGREE			221 DATE SIGNED
	AL O AL DI detocl detocl of both Dirt. If		X	out	• PI	HYSICIAN DIE	ECTOR PHYSICIAN	1-13-84
	retoined by the TO FUNERAL I should be deto with the State I IMPORTANT: If		22d. PHYSICIAN:		22e ADDRESS			
	TO HOSI	220	Jack R. Lichte		20 Ric		, Annapolis,M	d. 21401
	BP	E	SURIAL, CREMATION, REMOVAL	Jan. 14 484	St. Mary	'S	IN DEPOLTS	A.A. mis
D	PHMH - 16 50M 4/82	1	UNERAL DIRECTOR	1 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		250 DATE REC	D BY REGISTRAR AT RECTS	TRILES STGUATURE
	(VRA 15, 4)	110	sylor lunera	1 Chapel-Ar	mapolls, IIIL	JAN	1 304	The second

Tally board years and the second of the second Com from Europeanite La Pera (11. 16 Level Promise de La marchia de la Comencia del Comencia de la Comencia de la Comencia del Comencia de la Comencia del Comencia del Comencia de la Comencia de la Comencia del Comencia del Comencia de la Comencia de la Comencia de la Comencia del Comen

20	1	FOR - STATE REGISTRAR			DEPART	MENT OF HEALT	MARYLAND TH AND MENTAL TE OF DEATH	HYGIENE	B 4.	0	0 1	5 2
		CEASED NAME CORPORTS	Danie		Leo	Fine 5 DATE OF BIF	ucane		Tanua. E (IN YEARS LAST BIR		984	b. HOUR 70M
(M)	4	Male		1.11	ite	July	30, 190	2	80		NTHS DAYS	HOURS MIN.
	10	VASA D	C 1	b. CITIZEN OF W	SA.	MARRIED X	NEVER MARRIED		ITIMORE CITY O		el el	MD.
4 11 6	3 4	n na palis	EATH 1	(IF NOT IN SUCH	OSPITAL, NURSIN	ADDRESS)	THER INSTITUTION	12a L	OF VORK FOR MOST O	ON	126. KIND OF INDUSTRY	
ZA hours		AL RESIDENCE IF H	136 COUNT	TY		E ADMISSION)	INSIDE CITY LIMIT	TS? 13e.S'	TREET ADDRESS	4.1	iv. R	21401 te.#1
MARRILL Section	70 H. F	DANIE/	Fr	ANCIS	FINU		MOTHER'S MAIDE		OSEDA	ine	M	MAN
De esecution of the property o		WAS DECEASED EVI (YES, NO OPUNKNOWN)		NED FORCES? WAR OR DATES)	579-44	8101 Z	Betty (P.FI	VUCANO	ss #	13	
ST., BAL rifficote physicia on poper emovol.		PART I. DEATH	WAS CAUSED	BY:	ne for (a), (b), or Respir	ratory	faile	Mo			BETWEEN ON	MOUNT MOUNT
W. PRESTON 9	1	507 Conditions, if or gave rise to i		DUE TO, OR	aspir	ration	Preu	mon.	ect		5 W	eels
ol W. PR thot the d by the dease rem riol, cremo		cause (o), sto	ting the	DUE TO, OR	AS A CONSEOU	ENCE OF						
6 5 6 7 5	NO.	PART 2 OTHER SI	SAUFICANT CO	c -	NTRIBUTING TO	DEATH BUT NOT	T RELATED TO THE	TERMINAL	DISEASE OR CON	DITION GIVEN	IN PART Ital	
TALRECOI	CERTIFICATION	IN DATE OF OPER	RATION	19b. CONDIT	ION FOR WHICH	OPERATION W	AS PERFORMED	100	AUTOPSY?		WERE FINDING NG CAUSES O	
NAME OF THE OF T		? I a. ACCIDENT WAS I OR CONTRIBUTING [CAUSE OF DEAT	***	A. MONTH D	AY YEAR	O YAULNI WOH	CCURRED (NTER NATURE OF INJU	RY IN ITEM 18 PAR	I I OR PART 2)	
DIVISION O DING PHYSIC or offending After this cert is os the buriol oith and Ment	MEDICAL	WHILE NOT AT WORK	WHILE WORK	21e. PLACE C	OF INJURY ET, FACTORY, OFFICE,		LOCATION	1	Acm curo	-	COUNTY	STATE
rttendin potal or TTOR: Af for use a of Health		22a. I certify that saw the dece above, (V (we		of) attended the		74, and th	eat in (my) (our) op	nian death	occurred on the de	ote and hour o		at (I) (we) lost uses stated
AL OR A v the hos sal Directed detoched ote Dept		22h SIGNATURE	1/1	ulso	ut	m	ATTENDI PHYSICI	NG ME	DICAL STA	F IAN 🗆	1/5	GNED 84
TO HOSPITAL Orestoined by the TO Funeral by the TO Funeral by the With the Stote Dimportant: if		22d. PHYSICIAN'S	AM U	PRINT	raub	2.	510 RIV	A Ro	Ad, H	NNAF	0/18	MD.
BP	23a	PEMAT	TON	1/7/	84 C	COAT HI	11 Ceme	lery,	Suith	Nd F	G.	MP
DHMH - 16 50M 4/83	74	UNERAL DIRECTOR	ומשמו	Chan	/ AUN	analor	mb	RNEMIS	9 1984 184	M M GISTRA	E STATU	ag.



			(80)	١ , ٠	
	SA		May 1		Palse
				1-A	Vereit.
Prior Loc.	Minibi.		riza dan		
) · · · · · · · · · · · · · · · · · · ·		Χ	metros	A de se se cont	184.
Faces		VEL	Lissell	. 8	Restate
3 93	an amea Man	j	3489-60-6	W # 2 #	الأورا

certificate be

(N)	1-	FOR STATE REGISTR
/ / / /		

and campletely filled in by the funeral directions on a superation of a superation of a superation of the superation of

i the burial-transit permit. Then please ri and Mental Hygiene priar to burial, cre

certificate has been

OR ATTENDING

should be detached for use as the burial-transit permit. Then please is with the State Dept. of Health and Mental Hygiene prior to burial, are <u>WIPORTANT</u>. If them 21 is marked at them 28 shows any injury, or oth

STATE OF MARYLAND DED.

ARTMENT	OF	HEAL	TH A	ND /	MENT	AL	HYGIENE	
CE	RTI	FICA	TE (OF D	EATI	H		

1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	III OILNI	REG. NO	O.		
	CEASED NAME	FIRST	M	IDDLE	ſ	AST	20.	DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
(TYPE	ORPRINT) THE	RESA	,	\mathcal{B} .	FRA	NCO		VAI	V 5	-84	6:15 A
A. S.E.	FEMALE	1.	PAUCA	SIAN	5. DATE C	0F BIRTH 1889	7 6. A	GE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR FO	OREIGN 7b.	CITIZEN OF V	STATES	8. MARRIEI WIDOWE	D NEVER MARRIED		ALLIMORE CITY O	R COUNTY C	COUN	TTY W
10 C	TY OR TOWN OF DEA	TH 11	NAME OF H	OSPITAL NURSIN		OR OTHER INSTITUTION	120	USUAL OCCUPATI		0.00	F BUSINESS OR
A	NNAPOLIS	1		RUNDEL		1/		PE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	
	AL RESIDENCE (IF NORS) TATE ARYLAND	13 COUNTY		SEVERNA	2	13d. INSIDE CITY LIMITS	5? 13e.	STREET ADDRESS	ZIP CODE	E AVE	21146
14. F.A	THER'S NAME				, , ,	15 MOTHER'S MAIDEN	INAME				
	NATA LE	MID		BROCA	To		ERT		T	BARTO	LOTTA
	VAS DECEASED EVER	(IF YES, GIVE W		166. SOCIAL SECU		17. INFORMANT	-	ADDRE			- 12
	No			213-50-	9269	JOSEPHINE	1. /	TAYO (SAME	AS LI	NE 15)
	18. CAUSE OF DEATH PART I. DEATH W	H (Enter only only only on AS CAUSED E	BY:	the for (a), (th), on	d (c).1	asular	the	ccide	t	BETWEEN	MATE INTERVAL ONSEPAND DEATH
	436	0	DUE TO, OR	AS A CONSEQU	ENCE OF						
	Conditions, if any, gave rise to imm	nediote	(p)								
	couse (a), stating underlying cause	g the lost.	DUE TO, OR	AS A CONSEOU	ENCE OF						
	DART & AHERSICA	LIEICANT CO	(c)	NITE PRITING TO	AE ATH BUT	NOT RELATED TO THE T	EDAAINIAI	DISEASE OR CON	DITION CIVE	I IN I DART I	
NO.	(All)	j'ou	a X	Hol	Q,	NOT RELATED TO THE T	EKMINA	L DISEASE OR CON	DITION GIVE	N IIN PART TO	3
CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED		On AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?
RT	21a. ACCIDENT WAS UND	ENIVING 🗖	21b. TIME OF	INTRIPY		Tale HOW IN HURY OC		YES NO	YES		NO 🗌
I C	OR CONTRIBUTING		HOUR A.A		AY YEAR	21c. HOW INJURY OC	CORRED	ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	TIORPART2)	
Ž.	(IF EITHER, NOTIFY MEDIC		P.A		19	111 1 0 0 1 7 10 1					
MEDICAL	21d INJURY OCCURR	HE 🗍	21e PLACE C	OF INJURY ET, FACTORY, OFFICE, F	ARM FTC)	21f LOCATION STREET		CITY OR TO	wn L	COUNTY	STATE
	Ze I cortify that (I)		or ended the	€ased from_	Hus	nhor 10 8	53	10 VA De	ut 19)	that (I) (we) lost
	Viaw the decease	d alive on	1-4-	84 19/	or	d that in (my) (por) opin	nion deat	h occurred on the de			
- 8	17h SKINATURE	C 1	A the bady o	offer/death.		DEGREE	A .			17 PATE	SIGNED /
	1)00	Ne	lea	an		ATTENDIN PHYSICIA		RECTOR PHYSIC		Jai	U584
	224 PHYSICIAN'S NA	ME (TYPE OR PI	RINT)			72e ADDRESS	, ,	^ -	1	111	1 1 1 1 1
-	LEUR!	F. VE	RKOU	W		11419 FOR	EST	Devo	HMMa	Polis 1	rd 21403
23a. E	BURIAL, CREMATION, SPECIFY) BURIAL	REMOVAL	JANUARY	7.1984 N	EW CA	EMETERY OR CREMATO	ETELY	23d LOCATION SMORTOWN	ORE C	COUNTY	STATE MO.

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After

24 FUNERAL DIRECTOR NAME S.

JANUARY 7,1984 NEW CATHEDRAL CEMETERS

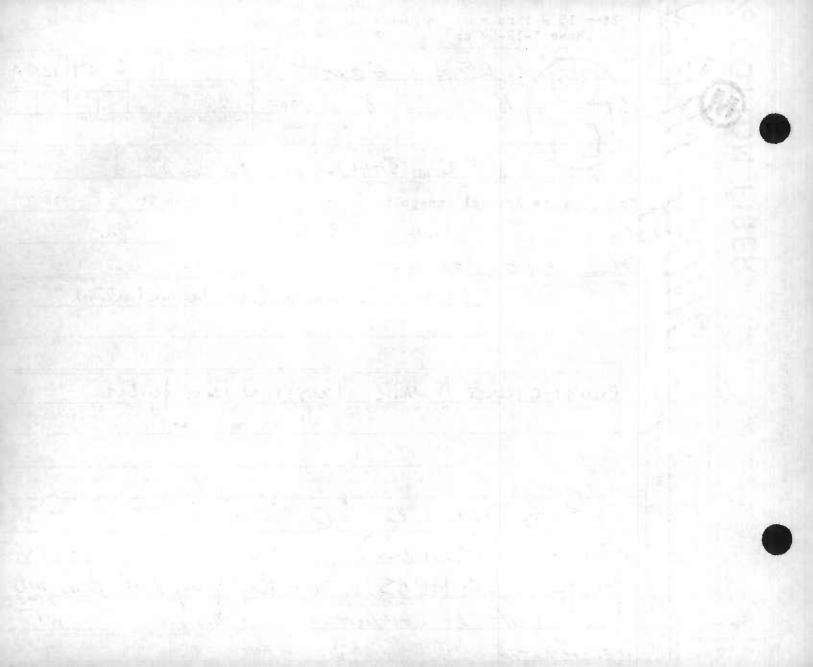
SOLA RITCHIE HWY. 256. DATERE

NCO SEVERNA BER, M.D. JANO

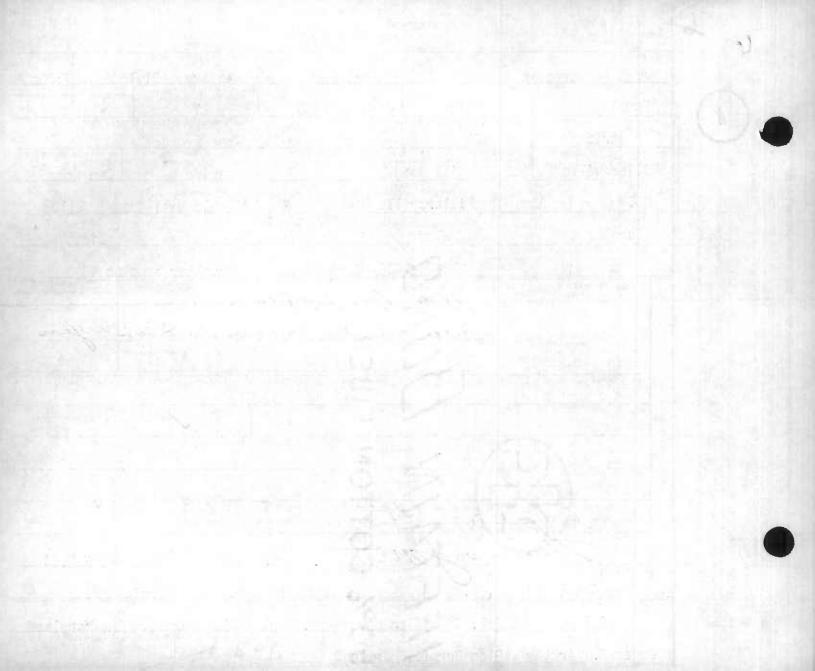
MD.

However to the Heavening Comment of the Comment of the Street the state of the many that the state of the ATTOMICS OF THE STREET the state of the s The state of the s

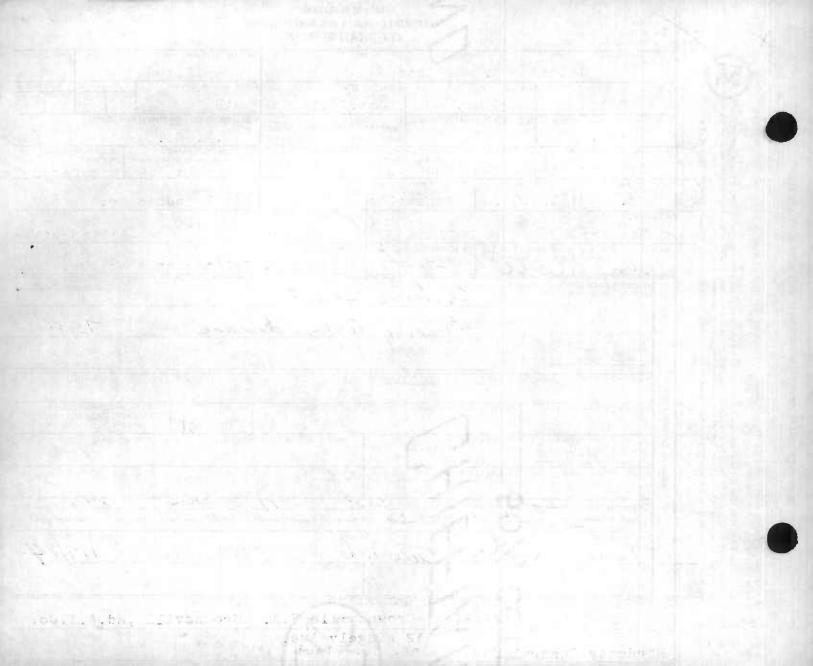
	1.	FOR Item 13 a thru e DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 4 0 0 1 5 5
13	1	- STATE REGISTRAR Phone 1-12-84 cn CERTIFICATE OF DEATH REG. NO.
	I. DE	CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR
People S	{TYP	Toseph Wesley Garett 1 3 84 1230 F
m d	3 SE	
& UIII &	1	Wall 13/4CK 6 11 1908 75 YRS.
death. P	L '	IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF W.LAT COUNTRY? 8 MARRIED NEVER MARRIED DIVORCED DIVORCED MARRIED MIDOWED MARRIED MARRIED MIDOWED MARRIED MIDOWED MARRIED MIDOWED MARRIED MARRIED MIDOWED MARRIED MARRIED MARRIED MARRIED MIDOWED MARRIED MAR
by the I	1	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 308- Halams Street, Anima, 141. Cook Naun Heli
filled in could be	USU 13a	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 137 CITY OR TOWN 138 INSIDE CITY LIMITS? 138 STREET ADDRESS 308 Adams St 21401
mpletely ond 2 s	K	ATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST LAST LAST LAST LAST
on and camp	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (16 YES, NO DR UNKNOWN) (16 YES, GIVE WAR OR DATES) W. W. A. 20-32-29/4 // 10/a 644+ 308-Adam St.
quires that the dec signed by the att. Then please remave to burial, crematian njury, ar ather traun	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CHARACTER CONTRIBUTIONS CONTRIBUTION
on. has been to permit there prior the prior t	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 1206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES N
PHYSICIAN: The anding physicic this certificate to burial-transit ad Mental Hygie dar Item 18 sha		216. ACCIDENT WAS UNDERLYING 2 216. TIME OF INJURY OR CONTRIBUTING 2 CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
this this adar	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
	1	220.1 certify tha (D)(this haspital) attended the deceased from 19 19 1, to 19 19 1, that (I) we) lass with deceased from 19 19 1, and that is (m) (our) opinion death occurred an the date and hour and from the causes stated above. If we is talk for the body after death
OR birthe		Obove, I Twe did did not sie the body dher death DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECT
HOSPII bined by FUNER ould be th the St		122d INSICIAN'S NOTE (TYPE OF RINT) SAMACAS DORESS DIDRESS DID
	23a	BURIAL CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY THE COUNTY COUNTY STATE
BP	24 F	UNITAL 1/7/85 1/1/1/85 PANGLY ML UNERAL DIRECTOR 1250. DATE REC'D, BY REQUISTRAR'S SIGNATURE
HMH - 16 50M 1/76 (VR A 15 (4))	1	NAME DE MALE TO ADDRESS ()



6	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE REG. NO.	00,56
~ m.f	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONT	H DAY YEAR 26 HOUR
y be	Margar		Gartelman	January 3	1.1984 7:00p A
E A	3. SEX	4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
_ % / h	Female	White	Jan. 16,1903		YRS
deoth. P	76 BIRTHPLACE ISTATE OF FOREIGN COUNTRY) Austria	76. CITIZEN OF WHAT COUNTS USA	MARRIED NEVER MARRIED WIDOWED X DIVORCED [Anne Arunde	
by the full filed with	Millersville	429 Old Mill R	oad	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WOR Housewife	12b. KIND OF BUSINESS OR INDUSTRY Own Home
filled in nould be	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b COU	DROTHER INSTITUTION GIVE RESIDENCE BEI	FORE ADMISSION) OWN 13d INSIDE CITY LIMITS?	•	
ompletely and 2 st	Nicholas	Angyelof	15. MOTHER'S MAIDEN P FIRST Suzanne	MIDDLE	Dietz
be execution and control of the second contr	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)	RMED FORCES? 16b SOCIAL SE 212-74	CURITY NO. 17. INFORMANT	ADDRESS Sek, daughter,s	
quires that the death certifications signed by the attending phy hen please remove carban pot to burial, cremation, or removingly, or other troumatic event	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE TO, OR AS A CONSECTION OF THE TORSECTION OF THE TO	QUENCE OF Schrotic Card	3- Jae aulm Dis	
The law retrans.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 200.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: T ng physici certificate rrial-transi ental Hygi		EATH HOUR A.M. MONTH	DAY YEAR 19 21t. HOW INJURY OCCI	JRRED (ENTER NATURE OF INJURY IN IT)	EM 18 PART I ORPART 2)
uG PHY:	OR CONTRIBUTING CAUSE OF D LIFE EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WMILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDING the haspital or DIRECTOR: A packed for use Dept of Health if them 21 is may	saw the deceased alive a	oital) attended the deceased from n19 ot) view the body after death.		in death accurred an the date an	, 19 4, that (I) (we) last ad hour and from the causes stated
by the by the ERAL State details	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		DIRECTOR PHYSICIAN	☐ 1 Feb.84
TO HOSPITAL retained by 1 TO FUNERAL should be del with the State IMPORTANT:	Sang Cheol Do		95 Aquahart	Road, Glen Buy	rnie, Md.
BP	Burial			CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/81	24 FUNERAL DIRECTOR	3 Feb. 84 (Glen Haven Mem. Par	k Glen Burnie	
(VRA 15, 4)	James S. Kirkle	ey, Glen Burnie		EB 2 1984	blunch tobulf



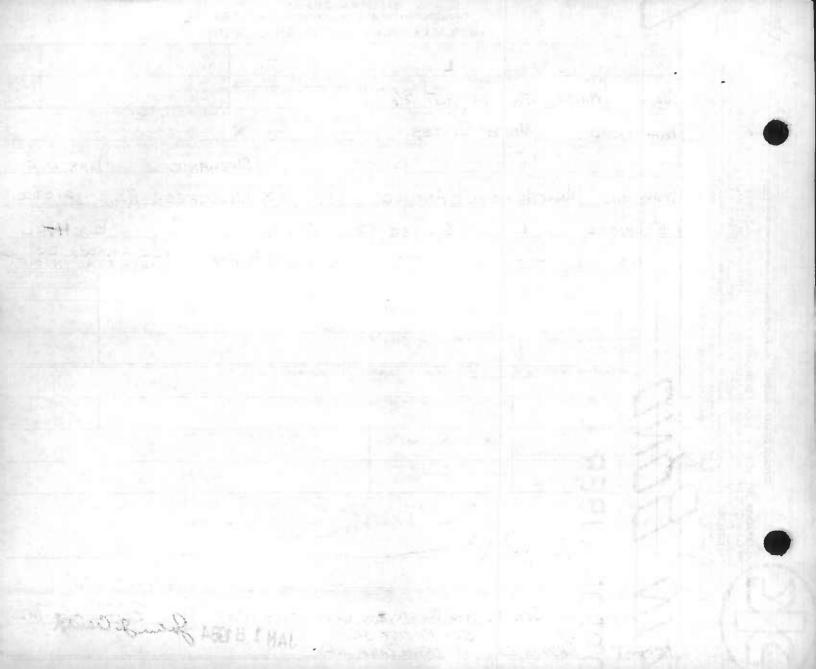
Carried Hart Hart Hart Spill your Asst I was the way the the the street property and property delicated the street will be a second of the street o The state of the s the sample of the transfer of the the said to the said the said to the said



3	FOR STATE REGISTRAR		REG, NO.				
	1)	nry MIDDLE	Gross	20. DATE OF DEATH MONTH	3 89 115 p M		
1 85 7	3. SEX	1 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.		
Ald Spire	74. BIRTHPLACE (STATE OF	FOREIGN 76. CITIZEN OF WHAT COUN		9. BALTIMORE CITY OR COUN			
de la constante de la constant	MARYLAND	U.S.A.	WIDOWED DIVORCED RISING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND OF BUSINESS OR		
201 Iby the	ANNapo	IS ANN E	Arundel Gen	(TYPE OF WORK FOR MOST OF WORKING			
AND 21 hours of filled in gould be	MARYLAND	SING HOME OR OTHER INSTITUTION, GIVE RESIDENCE IT IS CITY OR	TOWN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 5271 Sudley R	oad 20778		
E, MARYL,	14 FATHER'S NAME FIRST MALCO	M MIDDLE LAST		AME	PINDELL		
BALTIMORE, MARYLAND cote be executed within 24 sysicion and completely filler opers. Page	160 WAS DECEASED EVE (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT SARAH PROSS	ADDRESS 5271 Sudley Rd.	20788 West River, Md.		
es that the death certified by the attending phylose remove corbon please remove corbon uriol, crematic even	Conditions, if any gove rise to imcouse (o), statiunderlying cous	DUE TO, OR AS A CONSI which mediate ng the e last. DUE TO, OR AS A CONSI C) NIFICANT CONDITIONS CONTRIBUTING NUMBER OF THE CONTRIBUTING	OUENCE OF	200 AUTOPSY? 20b. IF	GIVEN INTERT OF THE STATE OF TH		
DIVISION OF VIT AL RECORDS, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requirestoined by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signished be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to be MMPORTANT: If them 21 is marked or them 18 shows any injury	OR CONTRIBUTING (IF EITHER, NOTIFY MEE 21d, INJURY OCCUP WHILE NOT W AT WORK AT W 22d.1 certify tho	CAUSE OF DEATH ICAL EXAMINER) THE TO THE PLACE OF INJURY IAT HOME, STREET, FACTORY, OF DEATH ICAL EXAMINER) THE PLACE OF INJURY IAT HOME, STREET, FACTORY, OF DEATH INDICATE OF THE PLACE OF INJURY IAT HOME, STREET, FACTORY, OF DEATH INDICATE OF THE PLACE OF	OM PEAR 19 211. LOCATION STREET OM DEGREE ATTENDING	RRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN 10 MEDICAL STAFF DIRECTOR PHYSICIAN	YES NO 18 PART I OR PART 2) COUNTY STATE , 19 , tho (1) (Me) lost		
BP	230. BURIAL, CREMATION BURIAL	1-18-1984	136 NAME OF CEMETERY OR CREMATORY MT. ZION CHURCH CEM	E. Lothian	county state A. A. Maryland		
DHMH - 16 50M 4/B2 (VRA 15, 4)	WILLIAM REE	Annapolis, Md	21401 P.A. 1250. DA	N 2 5 1984	SISTRAR'S SIGNATURE		

The state of the s The Figure of the College of the Col

1. D	REGISTRAR PECEASED NAME FIRS		MIDDLE	LAST	ICATE OF D	2g. DATE K		MONTH DAY	YEAR 26	. HOUR
(1	YPE OR PRINT)	WOOD	L.	GRUBE	JR.	OF DEATH	MATED	1 11	19 84	M
3. SI		5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UNDER 1 YR				MONTH DAY	YEAR 2	d HOUR
M	HALE WHITE	JAN. 14	,1957 26 v	Morting Dats	HOURS MIN	PRONOUNG DEAD	CED	1 11	19 84	11:5
7a	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF V	HAT COUNTRY?	MARRIED N	EVER MARRIED	9. BALTIMO	RECITY OR	COUNTY OF	DEATH	
-0	MRYLAND	UNITED	STATES	WIDOWED -	DIVORCED	Anne	Arund	el Cou	nty	MD.
10.	CITY OR TOWN OF DEATH	(IF NOT IN SUCH I	SPITAL, NURSING HOM			USUAL OCCUP.		. 0	IND OF BUSIN	
	nnapolis		undel Gen. I		10	AECHANI	C	194	ARINIA	4
	JAL RESIDENCE (IF IN NURSING HO STATE 135 CC	UNTY	13c. CITY OR TOWN	13d. INSIDE		STREET ADDRES	-		D	
n		E ARUNDEL	ARNOLD	YES .			eek_}	KP.	2101	2
1	FATHER'S NAME	MIDDLE	LAST	-	HER'S MAIDEN NA	AME	DOLE	72.	LAST	
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	LIEB. SOCIAL SECURIT	YNO. 17. INFO	RMANT		ADDRESS	DE	GIE!	1_
	(YES, NO, OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	-	Ju	In M. W.	HETE	852	AMAD	sir De	UEY.
	18 CAUSE OF DEATH (Ente	r anly ane cause per lir	ne far (a), (b), and (c).)		-/1/4/-//	. 1 / [-	CHAL		APPROXIMATE IN	TERVAL
	PART I DEATH WAS CA	JSED BY: DIATE CAUSE (a)	Acute	Cardiac	Failur	e		BEI	I WEEN ONSET AF	AD DEATH
	14289		R AS A CONSEQUENCE	OF						
	Conditions, if any, wi									
	cause (a) stating the <u>un</u> lying cause last.	der DUE TO, O	R AS A CONSEQUENCE	OF						7
		(c)								
z	PART 2 OTNER SIGNIFICANT CONOIT	ONS CONTRIBUTING TO DEAT	N BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1 (a					
ATIO	196. DATE OF OPERATION	I 19h. COND	ITION FOR WHICH OPER	ATION WAS PERFO	ORMED?			120	AUTOPSY?	
FIC	34							1.0		по П
CERTIFICATION	21a EXTERNAL CAUSE WAS			21c. HOW INJUR	RY OCCURRED (EN	NTER NATURE OF INJU	IRY IN ITEM 18 PAR	RT I OR PART 2)	7E3 (ZX)	.0 🔲
			M. MONTH DAY YEA							
MEDICAL	216 INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TO:		COUNTY		FYATE
×	WHILE AT WORK AT WORK	SINCE!, PA	CIONT, CARM, ETC.)	SIREE		CITY OR TOW	TN	COUNTY		STATE
	22a I certify that I taak c	narge of the remains d	escribed above, held an	Autopsy X	Inspection	, Inquiry	and i	in my apınıan		
		atural causes XX				ndetermined mai		, epinon		
	AA	101			(SPECIFY)					
	SIGNATURE /	VXV		M.D. ASS	sistant_	MEDICAL EXAM	NER	DATE SIGNED 1-	-12-84	
1	EXAMINER'S NAME	-								
	(TYPE OR PRINT) A	nn M. Dixo		ADDRESS		n St.,	Balto.	, Md.	21201	
23a	BURIAL, CREMATION, REMOV	-	23c. NAME OF CE	METERY OR CREMA		LOCATION CITY OR TOWN	T	2 county	STATE	-
24	EREMATION FUNERAL DIRECTOR	JAN. 16,1	YESTULE	W LREM	ATORY V	VESTV1	2	2 CK	四月!	N.D.
4	DNAME OR	ADDRE	0	Hur.	JANT	5 1964 7	-	0		
- 1	WESTER OL DUT	CKHINCO	STUESCHIEF IN	PK MAR.						



3	1.	FOR STATE REGISTRAR	REG. INC.							
e ε €		OR PRINT)					20. DATE OF DEATH MONTH	2b. HOUR		
oy be	1	JOSEI		G	UERCI			JANUARY 1:	1. 1984	1117 M
rector, page 3 urs after death	3. SE	male		white		1 15 04		6. AGE (IN YEARS LAST BIRTHDAY) 79 YR	IF UNDER 24 HRS	
22 ho		RTHPLACE (STATE OR FOREIGN COUNTRY) Md.		7b. CITIZEN OF WHAT COUNTRY? 8 MARE WIDO			ARRIED D	9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY		
14	1	GLEN BURNIE	NORTH	HOSPITAL, NURSIN THE FACILITY, GIVE STREET, ARUNDEL	HOSPI		UTION	120 USUAL OCCUPATION (TYPE OF WORKIN UPNOIS TEET	G LIFE) 12b. KIND INDUSTR	of BUSINESS OR Yniture
35	13a. 5	AL RESIDENCE (IF NURSING HOME STATE Md. 13b. CA	E OR OTHER INSTITUTION, DUNTY	GIVE RESIDENCE BEFORE GIEN BUCH	nie			806 Barbara C	ourt 21	1061
12	J F/	Francis	MIDDLE	Guerc			entine		Mag	ĝio
/metros		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	705 03		Joseph		cio Pasadena	land Ave	1122
t. Then please rem or to burial, cremo	TION		(c)		C ~ C			FARCTIMAL DISEASE OR CONDITION		
if permit.	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO			YES NO TO	YES, WERE FIND RTIFYING CAUSE YES []	S OF DEATH?
Mental Hyg Mental Hyg or Nem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJU	JRY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
olth and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM. ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TOR: Ar far use a af Health		220.1 certify that (1) (this has saw the deceased alive abave, (1) (we) (did) (did)			84.01	nd that in (my) (a	19 <u>80</u> Iur) apinian d	death accurred an the date and	haur and fram th	, that (1) (we) lost e causes stated
AL DIREC Setached of Dept.		22% SIGNATURE	Ro	PR		DEGREE	TENDING A	MEDICAL STAFF DIRECTOR PHYSICIAN		E SIGNED
should be deta with the State IMPORTANT		22d. PHYSICIAN'S NAME (TY		D		220 ADDRESS	140	4 CRAIN HIGHWAY		300
shoul with	23a. I	BURIAL, CREMATION, REMOV		23c. N	IAME OF C	EMETERY OR CR		TE MARYLAND 21		
		burial	1/13/	/84 (len l	laven Ce	meter	Glen Burnie	A.A.	Md.
H - 16 50M 4/B2		UNERAL DIRECTOR		1 Ritchie				E REC'D. BY REGISTRAR 256. REC		

.0 1013 (supplemental solution TOVE DESCRIPTION OF THE PROPERTY OF THE PROPER her in the same of the laws of the law in th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPAR		ICATE OF	DEATH	GIENE C	REG. NO	()).	0	1 6	2
		CEASED NAME FIRST OR PRINT) Edwi		inton	100	mmerly	Tn	20 DATE OF		MONTH DA	NY YEAR	26. HOUR	
	3 SE)	(4. RACE		5. DATE C		, 01.	6. AGE (INY		HDAY)	F UNDER I YEAR	IF UNDER 2	
		Male	Whit	ce	06	24 DAY	20	63		YRS.	ONTHS DAYS	HOUR5	MIN.
1	Ta. Bil	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	Y? 8.			O DALTING	RE CITY O	COUNTY	OF DEATH		
7	Ma	ryland	U.S.A.		MARRIED NEVER MARRIED WIDOWED DIVORCED		Anne	e Arur	ndel C	0.		MD.	
5	An	ry or town of death mapolis	11. NAME OF (IF NOT IN SUC Anne A	HOSPITAL, NURS	GING HOME (LET ADDRESS) Genera	OR OTHER IN			FOR MOST OF	WORKING LIFE)	12b. KIND C INDUSTRY Fineer		SS OR
-	130 S Ma			13c. CITY OR TO		YESX	CITY LIMITS?		ADDRESS /	ZIP CODE (2/ ina Rd	666	9
1		THER'S NAME Win Clinton Har	merly,	Sr. LAST			R'S MAIDEN NA FIRST Lyn Was		MIDDLE		LAS	51	
2	((Y	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (16 YES, GN ATT	E WAR OR DATES)	219-01-		17 INFOR	n Hamme	rlv. St	ADDRE		Md.		
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((b) DUE TO, O	R AS A CONSEQ R AS A CONSEQ ONTRIBUTING TO	UENCE OF	NOT RELAT	ED TO THE TERA	MIN AL DISEAS	E OR CONE	DITION GIVE	N IN PART 1	0.	
	TION	C HRONIC	OBS	STRUCT	TIVE	1 0 -	MON	ARZY 200 AUTO	2015	LAS	WERE FINDI	tauG11	0.4
1	CERTIFICATION	198 DATE OF OPERATION	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PER	FORMED	YES 🗆	NO 🗌		ING CAUSES		1?
	MEDICAL CER	218. ACCIDENT WAS UNDERLYING AUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 218. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 216. NJURY OCCURRED 216. NJURY OCCURRED 216. PLACE OF INJURY 217. LOCATION							RTTORPART2}				
	MED	[AL HUMAN OCCURRED 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN								COUNTY	STA	ATE	
		224.1 certify that (I) (this haspital) attended the deceased from									ted		
		224. PHYSICIAN'S NAME (TYP)	DR PRINT)	Jacon	HYSICIAN DIRECTOR PHYSICIAN						1/2	-0-0-	Т
		Dr. Ralph Lib		. (Grason	ville	Medical	Center	. Gra	sonvil	lle. M	0 216	638
	_ (URIAL, CREMATION, REMOVAL SPECIFY) Pial	23b. DATE 01/28/	230		EMETERY O	RCREMATORY	23d. LOCA	ORTOWN		COUNTY Mary	STA	ATE

DHMH - 16 50M 4/83 (VRA 15, 4)

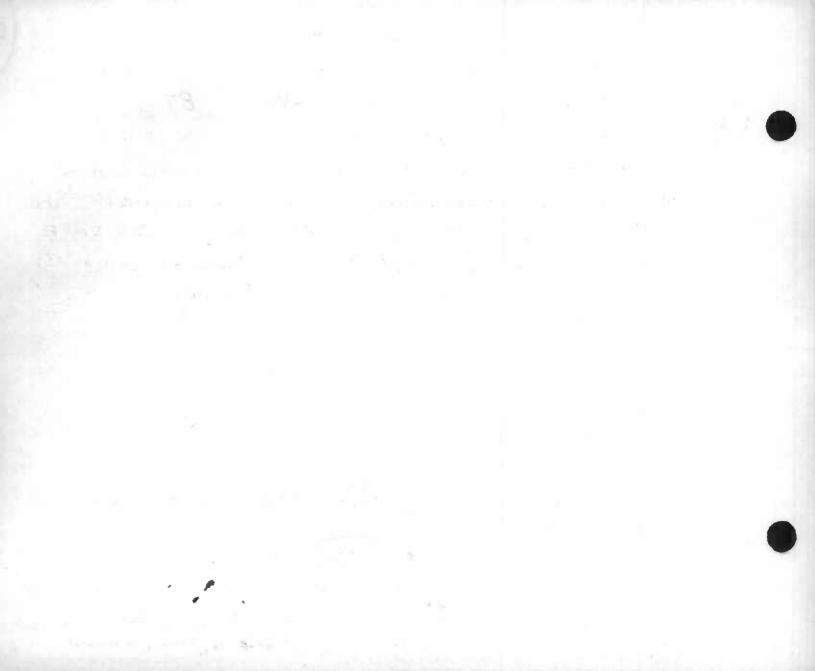
Tom Helfenbein Funeral Homes, Chester, MD 21619

Woodlawn Cemetary

Easton 25a DATE REC'D.

the state of the s Market Co. The Control of the Contro the first of the party of the control of the contro

4	1.	FOR Film G604 i STATE 6/10/85 REGISTRAR	tem 2b	STATE OF MAR ARTMENT OF HEALTH AN CERTIFICATE O	ID MENTAL HYGIENE	REG. NO.	001	6 3
A # 50		CEASED NAME FIRST DOPOTH	NU E	Har		Janua Janua	10001	26. HOUR 1:10 PM
1 200	3. SE		White	5. DATE OF BIRTH	Y YEAR	E (IN YEARS LAST BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
4 (1)	-	IRTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHAT COUN UNITED STATE	TRY? 8. MARRIED NEV	9 BAI	anne (MD
other de la company de la comp		anna polis	11. NAME OF HOSPITAL, NO	JRSING HOME OR OTHER I	{TYPE	SUAL OCCUPATION OF WORK FOR MOST OF WO	RKING LIFE INDUSTRY	BUSINESS OR
AND 2120	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP ARYLAND ANNE	OTHER INSTITUTION, GIVE RESIDENCE	DEFORE ADMISSION) TOWN NATARK YES YES	DE CITY LIMITS? 13e.ST	REET ADDRESS / ZIF	100	21146
MARYL ted within ond 2 s		WILLIAM	H. EBB	ERT	NEL-LIE		SWEN	IE
IMORE,			MED FORCES? 166 SOCIAL VE WAR OR DATES! 328-26	SECURITY NO. 17 INFOR		ARRIS, JE	E. (SAME AS	13)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND INC. CATHERING THE LOW requires that the decide certificate be executed within 24 or the contenting physician and completely tills of the completely tills of the completely companies to the complete of the complete o		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONS	EOUENCE OF	ruler Ac	celou	APPECAGE MITHERPRO	SET AND ISLAND
been signed by the mil Then please or pries to buriel, creaming injury, or other	CERTIFICATION	couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (AUTOPSY? 201	DN GIVEN IN PART 110 b. IF YES, WERE FINDING CERTIFYING CAUSES O	
VITAL RI UN: The la hydician. Gode has manul per Hydiane		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	THE PARTY AND ALCOHOLD	DAY YEAR 21c HOV	YES	NON [YES 🗌	NO []
DIVISION OF DING PHYSICIA OF OTHER THIS COL FOR THE DUTION OF All SAND MEETED PROFINED OF THEM	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	PICE, PARM ETC)	ATION REET	CITY OR TOWN	COUNTY	STATE
IL OR ATTEM the hospital IL DIRECTOR stoched for the Dept of His if frem 21 is it		220.1 certify that (1) (the hosp sow the deceased alive on above, (1) (i.e.) (did) (d.)	1 / / /	Call	my) (pur) opinion death of the control of the contr	DICAL STAFF	22c. DATE S	
TO HOSPITAL TO FUNERAL should be det with the Store	22-	THE PHARMS IAN'S PERME 1797 S	ochuz u	The NAME OF CEMETERY	Unovay	Ave &	nnejole	Leef
BP		BURIAL, CREMATION, REMOVAL	JAN. 14, 1984	OUR LADYOFT	HE FIELDS M	AILLERSYILL	= ANNEARUN	
DHMH - 16 50M 4/B3 (VRA 15, 4)	14	UNERAL DIRECTOR NAME RISET S ROPER	564	ESSRITCHIE HU	JAN 1-74	BY REGISTRAR 256.	REGISTRAR'S SIGNATU	*



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN . DECEASED NAME 2b. HOUR (TYPE OR PRINT) ESTI-THEODORE FREDERICK HARRIS DEATH MATED 2d, HOUR 5. DATE OF BIRTH 6. AGE (IN YEARS I IF UNDER TYR IF UNDER 24 HRS SEX 2c. DATE OCT. 27,1 PRONOUNCED MALE 30 1100 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED X X NEVER MARRIED MARYLAND USA ARUNDEI. WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ANNAPOLIS JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 21401 15. MOTHER'S MAIDEN NAME CHIDDLE 14. FATHER'S NAME HARRIS LAST CLARA REESEST DIVISION OF MIL JOHN 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES HO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-40-1797 LYONS LOT 83 JOAN L. IRELAND KOREAN CONFLICT 18. CAUSE OF DEATH (Enter only one cause per line for (), ond (c).) PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES [NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, NOT WHILE STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from: Notural causes Suicide Homicide Undetermined manner DIRECT TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA SIGNATURE EXAMINER'S NAME 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CROWNSVILLE VETERANS CEM. CROWNSVILLE BURIAL BP. 24. FUNERAL DIRECTOR **DHMH** - 17 EVANS ANNAPOLIS, MARYLAND (VR A15 ME (5)) 15M 7/76

Charles of the Control of the Contro

. ~3	1-	FOR STATE			DEPARTMENT OF	HEALTI	10.00		0	0 6	3
78 e 50 km		REGISTRAR CEASED NAME DE OR PRINT)	Rowr		DICAL EXAMINATION MOTHIS	HER'S	AYNES	20 DATE KI	REG. NO. NOWN MO ESTI- MATED	DATE DAY YEA	
OZZHOW SECTO	3. SE			S. DATE OF BIRTH MONTH DAY Julyb2		ARS IF UI	NDER I YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNC DEAD	ED	/ /6 198	4 20 HOU
Necess FUNER D, WITHII W. PREST	FC	REIGN COUNTRY) N.C.	100	76. CITIZEN OF W USA		WIDOV	IED XX NEVER MARR	ED Anne	Arunde		M
D. 21201 2, AND 3 TO THE FUN. 2, AND 3 TO THE FUN. 3. RETAIN PAGE 5 F 2 SHOULD BE FILED, WALRECORDS, 201 W.		ITY OR TOWN OF DEA Glen Burni	.e	North Ar	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS) UNDEL GENEY	al H	er institution	Pepco	TION (TYPE OF WI	ORK 12b, KIND OF OR INDL	BUSINESS
S AFTER DEATH. IF ANY D GIVE PAGES 1, 2, AND 3 ITH FORM PM 3. RETAIN PAGES 1 AND 2 SHOULD IVISION OF VITAL RECORD	13a. S	TATE Md.	13b. COUNTY	AACO.	134 CITY OR TOWN. MILLIERSVI	lle	13d. INSIDE CITY LIMITS? YES NO 1	701 Doage	s Dr.	21108	
まいる ララクフに		ATHER'S NAME Redmon		MIDDLE	Haynes		15. MOTHER'S MAIDE Juani ta	NAME M.		eWeese LAST	
H FORM AGES 1 AF	160 \	WAS DECEASED EVER ES, NO, OR UNKNOWN) Yes	Wietn	ED FORCES? (AR OR DATES) (AM)	578560113	IY NO.	Jessie R.	Haynes	Same	as 13	
UUD BE EXECUTED WITHIN 24 HOU" PENDING", IN PENCIL IN ITEM 18 F. MEDICAL EXAMINER ALONG SEED AS A BURAL - TRANSIT PERMIT SED AS A BURAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	NOIT	gave rise to couse (o) stating lying cause last. PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	(c)ONTRIDUTING TO OEATH	AS A CONSEQUENCE	MINAL DISEAS		RT 1 (g			
SHOULD SHOULD SHOULD SE USED AT OF HE.	CERTIFICATION									20 AUTOP	
SCRIINCALE SHOULD STRING THE WOOD "PE REDED TO THE CHIEF A SE3 SHOULD BE USED." OI PRIOR/TO BURIAL, OI PRIOR/TO BURIAL,	MEDICAL CE	UNDERLYING CONTRIBUTING	OR CAUSE OF DE	EATH P.M	A. MONTH DAY YEA A. 19	R	OW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
SAPAS	MED	21d. INJURY OCCUR WHILE AT WORK AT W	WHILE	21e PLACE STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CITY OR TOWN		COUNTY	STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2		220 I certify that death resulted from ACTUAL SIGNATURE	n: Notural	of the remains detail causes ,	Accident , Si	Autop		Undetermined man	ner .	ATE / /	6-84
TO ME EXECU- PAGE TO FU AFTER BALTIN	23a B	(TYPE OR PRINT) URIAL, CREMATION, R	REMOVAL 231		23c NAME OF CE			23d LOCATION CITY OR TOWN	se Ku	COUNTY	STATE
DHMH - 17 (VR A15 ME (5))		Burial UNERAL DIRECTOR NAME		-20-84				Crownsvil REC'D. BY REGISTRAR 1 9 1984		CO. Md.	e A
20M 4/82	На	rdesty Fun	eral A	ome	Annapolis,	Md.			/	V	9

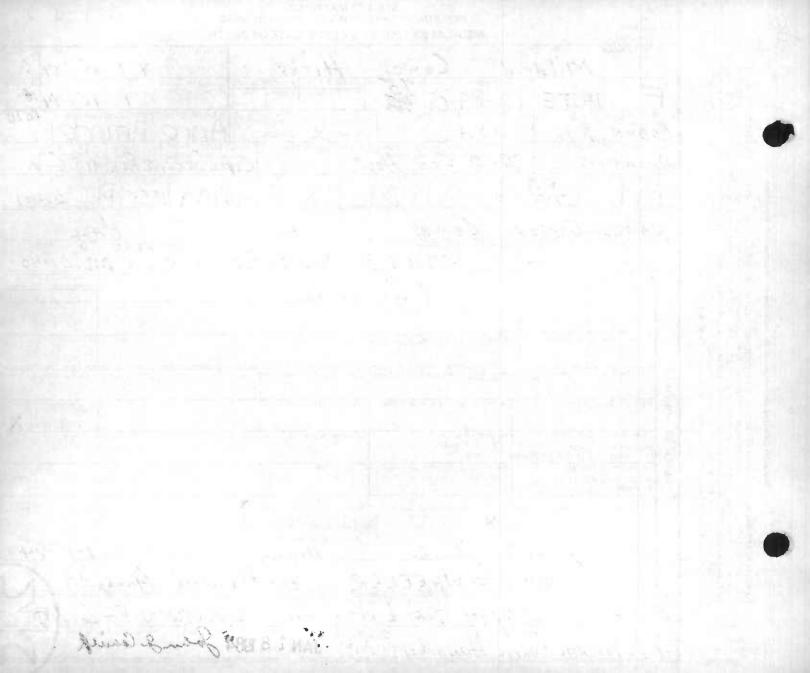
8	1.	FOR STATE REGISTRAR	DE	PARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE 8 4	0 0	6 6
(X)		CEASED NAME FIRST HELE		H	eine	2a DATE OF DEATH	January 11 19	84 4 PM
		emale	White 75, CITIZEN OF WHAT COU	S DATE O MONTH	nberilo 1894	O BALTIMORE CITY	YRS. A UNDER LYE MONTHS DATE YRS. OR COUNTY OF DEATH	YS HOURS MIN.
within 72 h	NE	W YORK	UNITED STAT 11. NAME OF HOSPITAL, LIE NOT IN SUCH FACILITY OF	MARRIED WIDOWEI		1	Aruna IION II26 KINE	de/ MD. D OF BUSINESS OR
ND 21201 24 hours off filled in by th build be filled must be not	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE	Anne Ay OTHER INSTITUTION GIVE RESIDEN 17Y 134. CITY O	CE BEFORE ADMISSION) OR TOWN	General 13d, INSIDE CITY LIMITS?	HOMEMA	ZIP CODE	HOME
MARYLAN red within 2. mpletely fill and 2 show		THER'S NAME	- M	POUS AST URRAY	YES NO	MIDDLE	GOTHY CIRCLE MI	1AST WLL 5N
be executed on and careful for Pages		VAS DECEASED EVER IN U.S. AR		46 - 9024	17. INFORMANT	ADDR	AME AS 1	3) ROXIMATE INTERVAL LEN ONSET AND DEATH
DS, 201 W. PRESTON ST., B. guires that the death certifical signed by the attending physical burial, cremation, or removatively into or ander traumatic event,	70	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSE) 1551 Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	D BY: E CAUSE Io) DUE TO, OR AS A COM OUE TO, OR AS A COM (c)	NSEQUENCE OF	NOT RELATED TO THE TER	RMINAL DISEASE OR COI		mouths
AL RECORDS. he law required. hos been significant to be removed from the	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED SES OF DEATH? NO
NG PHYSICIAN: The offer this certificate has the broad-transit provided by the order of the order of them 28 show orked or them 28 show or the show orked or them 28 show orked or the 28 show orked or t	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 216 INJURY OCCURRED	HOUR A.M. MON P.M. 21e PLACE OF INJURY	19	211 LOCATION	JRRED (FINTER NATURE OF INJ		
ATTENDING PHISPITED OF OUTEN CITOR: After the differ use on the differ use on the citorian and marked of a sign marked of a s	ME	WHILE AL WORK AL WORK 270. I certify the (1) this hospit	tal) attended the deceased	1 from 12	street , 19 d that in my laur) apinia	3 10 1/1	1 1984	_, that (l) we) lost
PITAL OR by the ho ERAL DIRE se detached State Dep	4	N SIGNATURE	R PRINT)	w.w.	ATTENDING ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL ST.	AFF 1	ATE SIGNED
TO HOSI retained TO FUN should b	23a. (BURIAL, CREMATION, REMOVAL		144 0	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	tuy ho	21012
BP	-	BURML	JAN. 14, 1984		EDRAL CEMETE	BALTIMATE REC'D. BY REGISTRA		MD.
DHMH - 16 50M 4/83		UNERAL DIRECTOR NAME S BORRA	50,	B. RITCHIE	Hwy.		R 236. REGISTRAR'S SIGN	

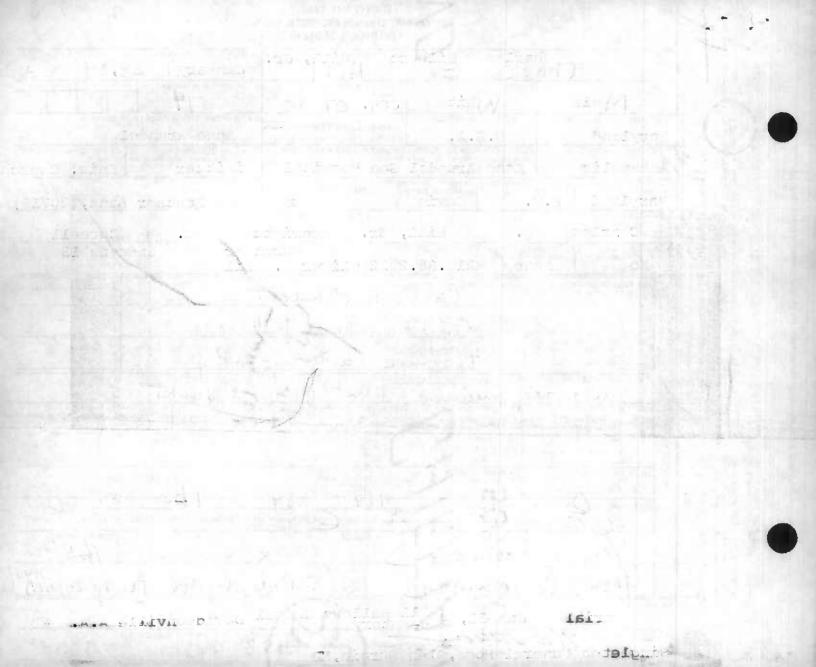
The same of the state of the state of the same of the The second of the second of

OA STREET, AND THE TANK

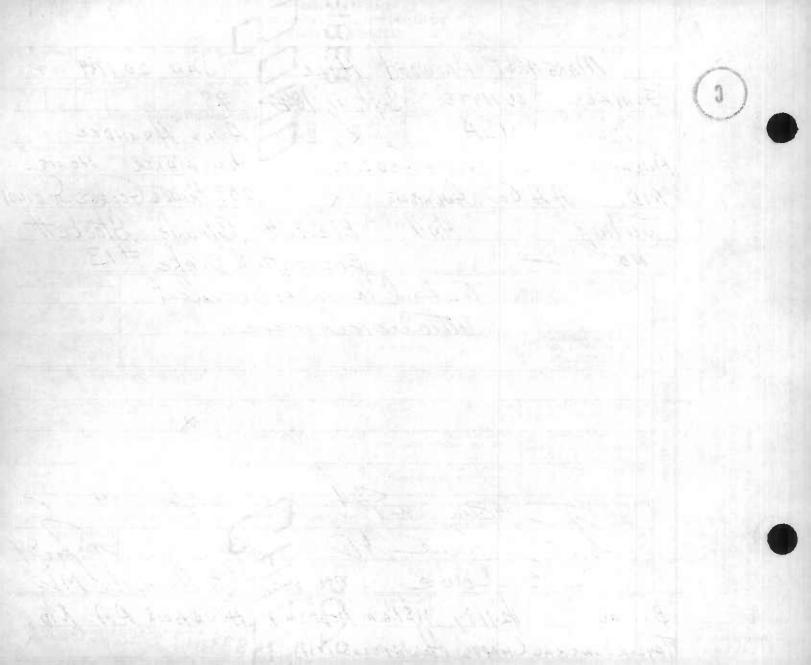
Shewwall was to be to be to the 18 Cant 95 (1 1 1/11 MICHAEL J. LEWIN MARGO - TOP INS ALE SHOULD AND

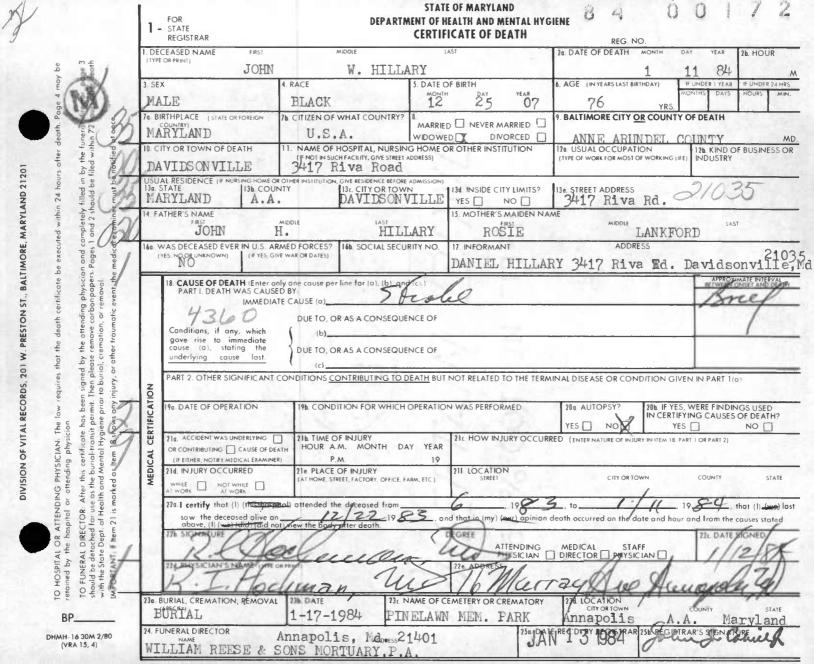
2] -	OR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEAT	4 00169
0	10.	1. DE	EASED NAME FIRST OR PRINT)	MIDDLE LASS 70	DATE KNOWN MONTH DAY YEAR 26. HOUR
RY, PLEASE DIRECTOR.	ED, WITHIN 72 HOURS	3 SEX	- WALTE S. DA.	OM 85 FBIRTH DAY YEAR OP ON WONTHS DAYS HOURS MIN. PR	
IS NECESSARY,	WITHIN WITHIN	R	RTHPLACE (STATE OR Th. CI	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH 1820
> ES	三8/5/	A	INAPOLIS "	A.GEN. HOSP. CIVI	ST OF WORKING LIFE) OR INDUSTRY
AND AND AND	\$ \frac{1}{2} \langle \fra	130 S	L RESIDENCE (IF IN NURSING HOME OF OTHER ATE	134 CITY OR TOWN 134 INSIDE CITY LIMITS? 136 STREE	Madrson Pl. 21401
₹ <u>I</u> _5	97	,	THER'S NAME FIRST GIBSON	Com 85 IS. MOTHER'S MAIDEN NAME FIRST ABBY	MIDDLE HALL
ALTIA AFTEI SIVE P	S 2 /	16a. V (Y	(AS DECEASED EVER IN U.S. ARMED FO S. NO. ORUNKNOWN) (IF YES, GIVE WAR OR	579 16 7193 ALSSUE (PETRO	ONE RIVA MD. 21140
STON ST., N 24 HOUR	YGIENE,		18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY: MMEDIATE CAU Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last.	The + offer	APPROXIMATE INTÉRVAL BETWEEN ONSET AND DEATH
CORDS, 2 BE EXECU.	E USED AS A BURIAL -TRANS I OF HEALTH AND MENTAL PURIAL CREWATION, OR REM	NO	PART 2 DINER SIGNIFICANT CONDITIONS CONTRIB	c). .TD DEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o	
OF VITAL RECORDS. ATE SHOULD BE EXECTURE WORD "PENDING"	E USED TOF HE	TIFICAT	196. DATE OF OPERATION	CONDITION FOR WHICH OPERATION WAS PERFORMED?	78 AUTOPSY? YES □ NO 🔀
NOF FICATE THE W	MEN	MEDICAL CERTIFICATION	ZIO EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	TIME OF INJURY DUR A.M. MONTH DAY YEAR P.M. 19	TURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISION VER: THIS CERTIFIC COATE, WRITING TH	AGE 3 SI ATE DEP	MEDI	WHILE NOT WHILE AT WORK	PLACE OF INJURY (ATHOME, IREET, FACTORY, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
CAL EXAMIN THE CERTIFIC	ECTOR: TH THE S YLAND,		22a. I certify that I took charge of the death resulted from: Natural courses ACTUAL SIGNATURE	Accident , Suicide , Hamicide Undeterr	Inquiry , and in my opinion mined manner , AL EXAMINER DATE SIGNED /-/17-1/4
TO MEDI EXECUTE	TO FUN BATTIMO	23a B	EXAMINER'S NAME JAME	L. WHEELER ADDRESS 910 Prain 1236, NAME OF GEMETERY OR CREMAJORY 1236, DQC	ATION Annaphis
BP_		B	WERAL DIRECTOR	784 TORT LINCOLN COM. 1234 IGC	ENIWOOD P.G. CO. M.D.
(VR A)	AH · 17 5 ME (5)) A 4/82	Any	LOR TOWERS CHAN	HUNATOCIS MD. JAN 1 8 1984	John & Court .

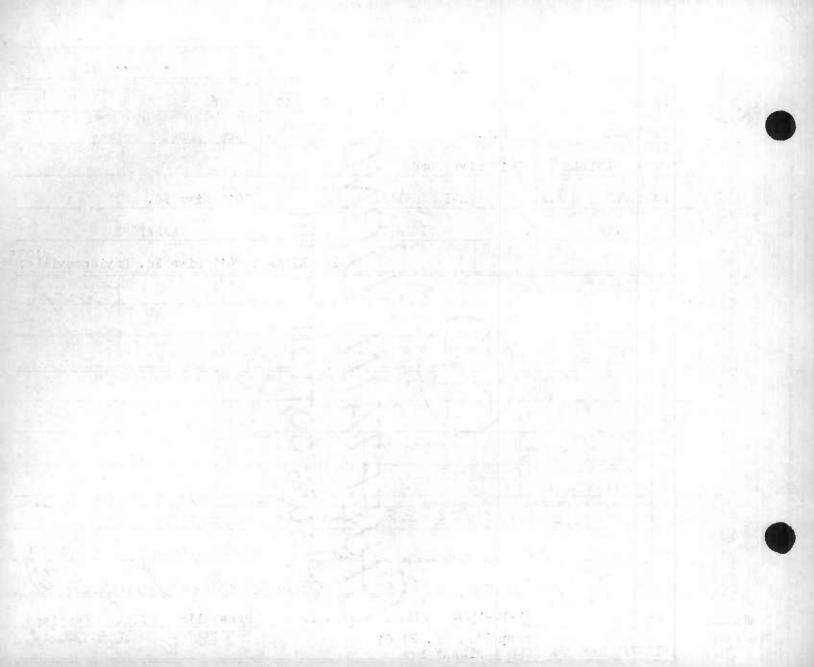




60	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	SIENE REG. N	001/1
12		CEASED NAME FIRST OR PRINT) MARGH		od HILL	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR PM
(c)	3. SE	FEMALE	WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
		COUNTRY) MD,	b. CITIZEN OF WHAT COUNTRY?	WIDOWED DIVORCED	ANNE	R COUNTY OF DEATH
1 1 100	10 C	WWAPOLIS	(IF NOT IN SUCH LACILITY, GIVE STREET	ODRESS)	120 USUAL OCCUPAT (TYPED WORK FOR MOST OF	12b. KIND OF BUSINESS OR INDUSTRY AKER
Tilling in the	USU	AL RESIDENCE (# NURSING HOME OR C	THER INSTITUTION, GIVE RESPENCE BEFOR	/N _ 13d. INSIDE CITY LIMITS?	13 STREET/ADDERSS	
100 001	14 F ₂	JUILUS"	MADDLE HAST	15 MOTHER'S MAIDEN NA FIRST	ME CLAUCE	le Stockett
n ond co Poges 1		VAS DECEASED EVER IN U.S. ARN	MED FORCES? 168 SOCIAL SECTION OF DATES	FIZABETT	5 8 Drak	Le #13
using that the death ce signed by the attending vary please remove corbs o burial, cremetion, or a jury, or other fraumotic.	Z.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO	ubicleion	MINAL DISEASE OR CON	IDITION GIVEN IN PART 110
on. Pos been permit. T	CERTIFICATION	18a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	70e AUTOPSY?	201. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
SCIAN, T ng physici certificate or ol-transi her Tas	MEDICAL CER	23s. ACCEPHT WAS UNDERLYING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTION CONTRIBUTION CON	H HOUR A.M. MONTH D	19	RED TANTE HATURE OF HIS	EV PLOTAN I B. PART I OF PART 3)
offer this the think the t	MED	ATM INJURY OCCURRED WHILE AT WORK AT WORK	THE PLACE OF INJURY (AT HOME, STREET FACTORS OFFICE	ANM. ETC.	CHYONTO	COUNTY STATE
ATTENDE spiral or CTOS. A of Head		atove, (I) (set) (ad) (de not	view the book after dooth.	and that (my) (see opinion	death occurred on the d	19.57, that (I) preflast ofe and how and from the course stated
HOSPITAL OR I		THE SIGNATURE	Down Bull	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	
to HOSPITA retained by TO FUNEA should be di with the Sto	774	Jon 1.	S. Clowe	77 We	St St. A.	UNApolis MD.
ВР	\$	MERIAL CREMATION, REMOVAL		SNAUNI ACHDEMY	ANUAR	US AA. No.
DHMH - 16 50M 4/83 (VRA 15, 4)	1/4	y Lor Funeyear	CHAPRI FAX	HAPOZIS MO JA	N 24 1984	THE GENERAL STANDARD OF THE ST







W. Clarke Mattingley Leonardtown, Md.

(VRA 15(4))

٠, ١

X	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B 4 0	0 1 7 4 EST
1.0%	1. DECEASED NAME FIRST	MIDDLE LAST	Za. DAIL OI DEAIN	DAY YEAR 26 HOUR
7	ARTHUI	R HawthorneHODSHON		1984 1116 PM
727	3. SEX	4 RACE 5. DATE OF BIRTH MONTH DAY YEAR	A	FUNDER LYEAR IF UNDER 24 HRS.
C H	Male	Mnite Dec 19, 1904		
A SELECTION	West Virginia	76. CITIZEN OF WHAT COUNTRY? M MARRIED XNEVER MARRIED M WIDOWED M DIVORCED M	ANNE ARUNDEL	
	GLEN BURNIE	11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NORTH ARUNDEL HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Hatter	126. KIND OF BUSINESS OR INDUSTRY JOCY Inc.
MARYLAND 212 ed within IIIan mplerely IIIId ond 2 shill i DT	Maryland A Maryland A Maryland A	OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13d. CITY OR TOWN 13d INSIDE CITY LIMITS? YES NO (1) NO (13e STREET ADDRESS / ZIP CODE 7871 America	
AM Paris Composition	Ernest :	Elmore Hodshon Julie	Make Inches	Boutieller
BALTIMORE, ote be execut Will sistion and cc ppers. Pages 1 y, the medical	16a WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) 11F YES GIN	/E WAR OR DATES)	ife ^{ADDRESS} Sal odshon	me as 13
that the death certificate that the order of a carbon page sear remove carbon page of tremation, or removal transfer transmitcevent, if Hospital	Conditions, if ony, which gove rise to immediate couse lost	DBY DE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF	relat Chry	BETWEEN ONSET AND DEATH EST IS MAN
requires requires to burn to burn or to burn		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM		EN IN PART 1(o)
AL RECO	19a DATE OF OPERATION ROWL 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? SNO
N OF VIII	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR F.M.	home sexe	Maringle
DIVISION OF VIT	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	218 PTACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC.	City day Town	COLIMITY
ATTENDING or Spital or CTOR: A for use of Health and Health by Day		II V IMPLIED	death occurred on the date and house	ond from the couses stored
Al OR / the ho Al DiRE, detoched detoched of Dept TI: If Hen	22h SIGNATURE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	27. DAY SIGNIO
HOSPIT ned by Id be wild be the Stran	224 PHYSICIAN'S NAME (TYPE	J2	o moor am breath	/
Teroin With With With With With With With With	JOHN S. DEC			1061
	230 BURIAL, CREMATION REMOVAL (SPECIFIC PROMATION	T 10 04 0 1	23d. LOCATION CITY OF TOWN	COUNTY STATE
BP		Jan. 18,84 Security Process	Thd Catonsvi	RAR'S SIGNATURE MD
DHMH - 16 50M 4/83 (VRA 15, 4)	Singleton Fune	ral Home Glen Burnie MD	N 2 3 1001	2 Carrell

ME RELEASED DAY OF THE END 22113613

(VRA 15, 4)

34	BORI E				
Alang the mental to the			SAFETY !		
61.20 matter					
(19018).eg sanda 62		ten ampril		.03	

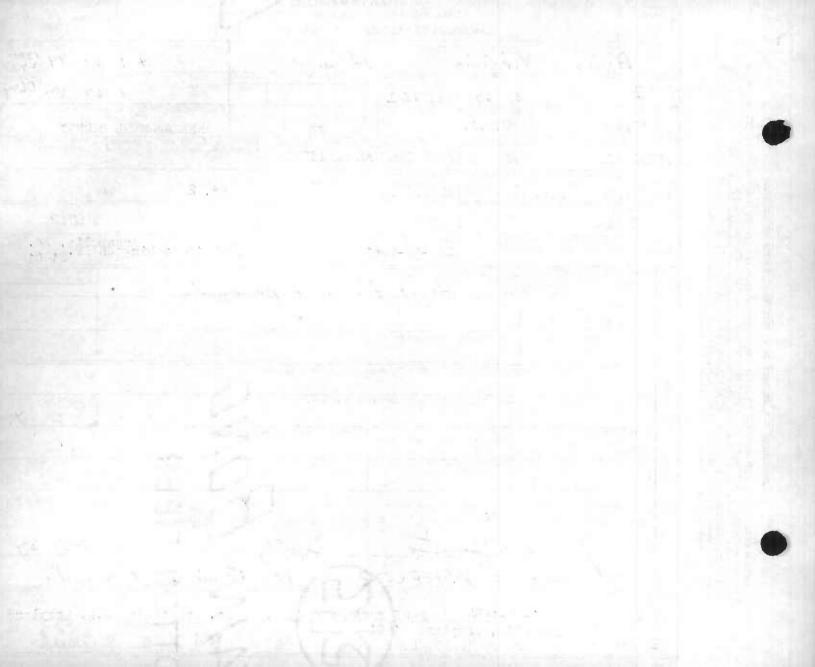
	AREA ST E SECULI		
erate and average and are	Control Property and		
		-1.21	
	A BUILDING TO A STATE OF THE A		

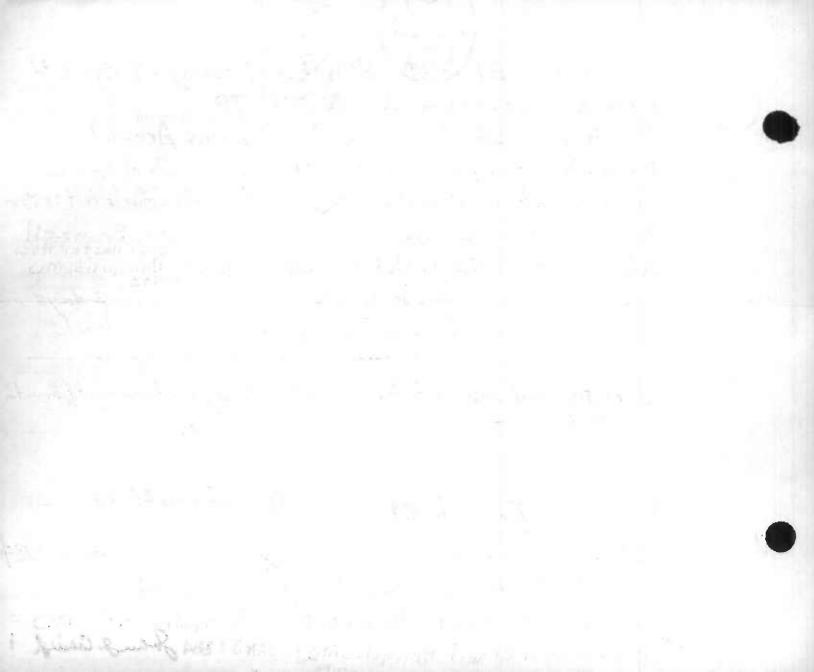
10			1-	FOR STATE REGISTRAR		DEPART	STATE OF MAI RENT OF HEALTH A CERTIFICATE (ND MENTAL HYG		0	0 !	11
(B			EASED NAME PIRST PRINTS	son	MIDDLE	Hohma	ann	REG.	MONTH DA	5 84	26. HOUR P 8150 M
	age 4 mgrector, mgrs after once.		3 SE)	MALE Canculite			S DATE OF BIRTH	6 1902	6. AGE (IN YEARS LAST	YRS.	FUNDER I YEAR	# UNDER 24 HRS HOURS MIN.
0	funeral di iin 72 hou otified at	35	C	RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland	u.	WHAT COUNTRY?	MARRIED NEV	DIVORCED [BALTIMORE CITY	7. Co		MD.
201	by the led with	20	A	MAPOLIS	ANNAI	CH FACILITY, GIVE STREET	ONV. CTR	INSTITUTION	128 USUALOCCUP. (TYPE OF WORK FOR MOS	T OF WORKING LIFE	INDUSTRY	n Contro
LAND 21	within 24 ho tely filled in should be fil examiner mu	25	Md Md		YTML	13c. CITY OR TO W	is YES [13. STREET ADDRESS 115 Gree		Drive	Seal
. MARY	omple and 2	21		THER'S NAME William		hmann		HER'S MAIDEN NA	WIDDLE	200	RASI	1403
-	rficate be exe ysician and c pers. Pages 1 oval.	1		/AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G	NE WAR OR DATES)	212-09	-8088 _	RMANT a Seek		reenspr	ing Dr	ive
IS, 201 W. PRESTON ST.,	requires that the death certifical signed by the attending physici en please remove carbon papers to burial cremation, or removal, injury, or other traumatic even	in the contraction of the contra	Z	PART I. DEATH WAS CAUSE IMMEDIA 33/0 Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse last. PART 2 OTHER SIGNIFICANI	DUE TO, O DUE TO, O DUE TO, O (c)	Perydical Perydical	Me23 L	OH - SPEC Disease	inal Disease or co	fctim	±3-	4 years
AL R	AN: The law in. cate has been it permit. Th igiene prior i	9	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			OPERATION WAS PE		200 AUTOPSY? YES NO	IN CERTIFY		NGS USED OF DEATH?
SION OF V	ING PHYSIC anding physic fter this cert he burial-tra and Mental arked or Iter	9	MEDICAL C	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	R) HOUR A.	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	19 211 LOC		CITY OR		COUNTY	STATE
-	e hospital or a bospital or a DIRECTOR: ched for use a Dept. of Heal			22 certify that the this has saw the deceased alive of glove, (I) (we) idid) idid	n 1-2	5 19	4, and that in a	ATTENDING 1		TAFF		
	TO HOSPITAL retained by the I TO FUNERAL (should be detach with the State D IMPORTANT: I	1	23o B	22d PHYSICIAN'S NAME (TYPE PETER F URIAL, CREMATION, REMOVA PECIFY)	VER	KO4W 23(1)	1) P D 270 ADD	a Forest	DIRECTOR PHY Dr. Ani 23d. LOCATION City or town	napolis	md a	2/403 STATE
	DHMH-16 25I (VRA 15, 4) 1/			Burial INERAL DIRECTOR NAME ROMAND J. RU	1-28- ck inc	-1984 3305 /	Parkwood Han Fond	R 25-JA	V 2 7 1984		AR'S SIGNATI	. 162

	23L (1)	
101.4		met e
Agenda Cress Charge	TO THE PARTY OF TH	
policy and the second	stlacen.	. 200
	unn don	Sellikv
erigi ser is determine	mal and management	
and the same of the same Land	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	

The late of the second FIRST MEND LINA MENE SIEGER The state of the s

1.	- S	OR TATE				MENT OF	HEALT	MARYLAN H AND MI CERTIFIC	ENTAL H	-		() ()	*	9
	ECI	ASED NAME OR PRINTA	FIRST \$	Virgini	MIDDLE	EXAMI	14	LAST			DATE KI	REG. NO	MONTH	DAY 21	YEAR 1984	26 HOUR 1800 -
3 SI		7 4. RAC	B	5. DATE OF BIRTH	1881	/D2Y	AY) MON	INDER 1 YR.	HOURS	MIN. F	RONOUNC DEAD		MONTH	22	1984	DLY4
N	[A]	HPLACE (STATE OR IGN COUNTRY) RYLAND		U.S.A			WIDO	RIED NET	DIVORC	ED		ARUN	DEL	COU	YTY	MD.
A	W)	OR TOWN OF DE		II. NAME OF HOS	RUNDE	LEGENE	RAL				AL OCCUPA OST OF WORKI		OF WORK	126 KII	ND OF BU R INDUSTI	
Hs.	STA	RESIDENCE (IF IN NI ATE RYLAND	13b. COUNT A.A.		13c. CITY ANN	OR TOWN APOLIS	ION)	13d. INSIDE (ITY LIMITS?	13e STRE	et address	S		218	37	7
14.	FAT	HER'S NAME WILLIAM		WIDDLE	PORT	tir.		15 MOTHE	R'S MAIDE	ECCA	MIDI	DLE		Pol	KTER	
160. N	. w.	AS DECEASED EVER	(IF YES, GIVE V	AED FORCES? WAR OR DATES)	166. SO 220	220-36-7661			AGNES STANSBURY 16 Washing				Anna	ton Dr. 21401		
NO	- 1	Conditions, if gave rise to cause (a) statin lying cause lost	immediate g the <u>under</u>	(c)		NSEQUENCE ATED TO THE TER		ASE OR CONDITIO	N GIVEN IN PA	RT I a.						
CERTIFICATION		90. DATE OF OPER	ATION	19b. CONDI	TION FOR WHICH OPERATION WAS PERFORMED?								AUTOPSY	? NO X		
		NO. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR CAUSE OF D		NONTH	19	R	HOW INJURY	OCCURRE	D (ENTERN	ATURE OF INJUI	RY IN ITEM 18 F	PART I OR I	PART 2)		
MEDICAL	The same	WHILE NOT AT WORK	RRED T WHILE C WORK	21e. PLAČE STREET, FAC	OF INJURY TORY, FARM, I		21f_L	STREET			CITY OR TOWR	٧	C	OUNTY		STATE
		death resulted from	m: Nature	e of the remains de al causes ,	Accident		Auto	, Hamie	Inspection cide	Undete	Inquiry [rmined mon	ner ,	DATE SIGN		-22	-87
	.BU	TYPE OR PRINT)						OR CREMATO	ORY	23d. LO	CATION			UNTY		TATE
24	FU	RIAL NERAL DIRECTOR LLIAM REF	Anna	L-27-1984 polis, Ma SONS MORT	mr. or	a 21/10		NECK C		REC'D. BY	t. Mar registrar 1984	Ish REGIS		SIGNAT		vland





(VRA 15, 4)

and leaves of the later of the	The state of the s		400	-
				Carl
				,
			and the state of t	
	0 2			
was seen to be an				
Part - S heart total				
120.00		Alyses	100	
	all alleged the	10.53.141		
				10
		Bark -/	NA N	
The second secon				
Arres out the skind of		E-est		1

1			500		STATE OF MARYLAND	8 4	10 182
B		1-	FOR STATE REGISTRAR	DEPARTN	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		
1		1. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	250	(TYPE	OR PRINT)	th Alfre	1 -TOP BOT	1-	E-911 1014
	io II	3. SE:	Denne	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	4 (4)			· · · · ·	MONTH DAY YEAR 3 - 10 - 25	58 yes	MONTHS DAYS HOURS MIN.
	Pog # 10 /	7a. Bi	RTHPLACE ISTATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	1 19	9 BALTIMORE CITY OR COUN	**
	4 22 57		Shring.	11.510	MARRIED WINEVER MARRIED WIDOWED DEVORCED	1 1	Λ
	0 26	10 C	TY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
-	5 -0 th		1	(IF NOT IN SUCH FACILITY, GIVE STREET	. 17	TYPE OF WORK FOR MOST OF WORKING	GLIFE) INDUSTRY
120	in by	USU	AL RESIDENT TO THE OR OTH	HER INSTITUTION GIVE RESIDENCE BEFORE		Dianonary Eng	- Steam
10 2	filled bould b	13a. S	TATE	13c. CITY OR TOW	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DE DILLAZ
Y.	是 本生	14. F	THER'S NAME	1. Annapol	YES NO 15. MOTHER'S MAIDEN N	1306 Colony	Brue 21402
MARYLAND		1	FIRST MIDI	DIE TAST	FIRST	MIDDIE	(IAST
	5 8-1	16a \	VAS DECEASED EVER IN U.S. ARME	D FORCES? 166. SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	Cole
BALTIMORE,	Poges medico	4	ES, NO OR UNINOWN) IF YEL GIVE W	ATT 216-16-	921111	OTI	Samp as
LTIA	000	-	ies Iww	10	The real Property of the Prope	, 4 Jarbe	APPROXIMATÉ INTERVAL BETWEEN ONSET AND DEATH
	physicial physic		18 CAUSE OF DEATH (Enter only of PART 1. DEATH WAS CAUSED B	SY:	Gulan and	. Fdema	BETWEEN ONSET AND DEATH
PRESTON ST.,	00000		IMMEDIATE C		July once	y Larrier	5 6 m
101	attendin nave carb lation, ar		7280	DUE TO, OR AS A CONSEQUE	NCE OF	this Heart 7	2ile 3 (1)
000	e de att		Conditions, if any, which gove rise to immediate	(b).	G G	0 11	
₹	by the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF	market	7.41
201	t S de S d		PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO E	EATH BUT NO RELATED TO THE TER	RMINAL DISEASE OR CONDITION O	SIVEN IN PART 1/0
	signification of the property	Z	THE STOCK ST	10110110 <u>20111110 11110 10 1</u>		WILL DISEASE ON CONDITION	ZIVEN IN LAKE ING
RECORDS,	aw red	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
S .	The la	Ĕ				YES TO NOT IN CER	TIFYING CAUSES OF DEATH? YES \(\begin{align*} \text{NO} \\ \te
/ITA		i iii	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
OF.		1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR		
N O	o A bus di	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION OF VITAL	or offen the Affer the cas the olth and marked o	E	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.	RM, ETC) STREET	CHI OK TOWN	STATE
õ			22a.1 certify that (1) (this hospital)	attended the deceased from_	June 19-71	8, 10 5 dan	. 19.89, that (I) (w) last
	TTEN Pital TOR: for us of He 21 is		saw the deceased alive on above, (1) () (did) (did motor)	ion the body after death	and that in (my) (ear apinio	on death accurred on the date and h	our and from the causes stated
	or AT birect birect bobble frem 2		22) IGNATURE	iew inc body oner deam.	DEGREE		22c. DATE SIGNED
	AL DI TE IF I		yany M. Olya	harlson. M	D. ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	1-5-84
	FUNER PORTAN	1	THE PHYSICIAN'S NAME (TYPE OF PE	(Juli)	22e ADDRESS	1 -1 1	1
			SARY MIT	richAR dson	, mo 104 top	bes STREET A	INNAPOlis, Md.
	5 5 5 3 <u>\$</u>	23a. I	BURIAL, CREMATION, REMOVAL	23b DATE 23c	AME OF CEMETERY OR CREMATORY	23d LOCATION	11401
	BP	R	Durias	Jan 91984 1	tillcrest	Annapolis	HA. MI
DH	HMH - 16 50M 4/83	24 F	INERAL DIRECTOR	A annual	25a D	ATE REC'D. BY REGISTRAR 250, REG	ISTRAR'S SIGNATURE
0.	(VRA 15, 4)		aylor Luner	ral Chapel-	Annapolis, MI) JA	AN 1 1984	mon lancell

mand the pro- mile that the same that the street alaborate androis androis MAN SHALL WAS A SHE SELECTED AND HELD THE RESERVE AND A SHE WAS A

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME 2b. HOUR TYPE OR PRINT Antonia CHARLES **JESKEY JANUARY** 338 1984 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HR 3 SEX 4 RACE 5. DATE OF BIRTH April 14 1916 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE MARRIED NEVER MARRIED COUNTRY) U.S.A. ANNE ARUNDEL COUNTY Maryland WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY GLEN BURNIE NORTH ARUNDEL HOSPITAL Machinest Westinghouse USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) (21144)130. STATE 13b. COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 7959 Telegraph Rd. Lot 13 Maryland A.A. Severn YES [NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Moorie Unknown Jeskey Martha 17 INFORMANT Friend ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Same as 13 218.14.4695 Yes W.W. Betty Lockard APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (d) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 201 YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? N CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OF STHER POLLEY BADIS AS FRAMING TO 214 INJURE OCCURRED II LOCATION PLACE OF INJURY CITY OF TOWN COUNTY OWE STREET, FACTORY, OFFICE, FARM, EYE I NOT WHILE Nat (1) (this hospital) and that in (my) (our) opinion death occurred on the date and have and from the causes stated DEGREE 77s. DATE AIGNED ATTENDING STAFF PHYSICIAN [DIRECTOR PHYSICIAN A THADDRE 7845 OAKWOOD ROAD, SUITE 20 MARYLAND 21061 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23s BURIAL CREMATION, REMOVAL COUNTY STATE Buria1 Jan.6.84 Cedar Hill Cem. Brooklyn 24. FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4) Simpleton Funeral Home, Glen Burnie, MD

Musical Residence Committee of the State of and the second to the second to the second 12-1-1-1 armi one, ico urrice, te

FOR

REGISTRAR

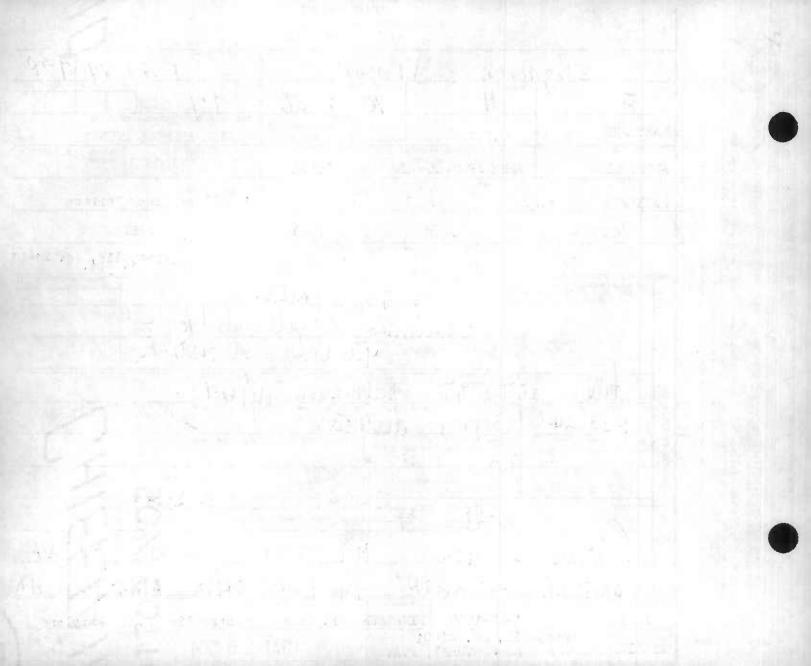
- STATE

(VRA 15, 4)

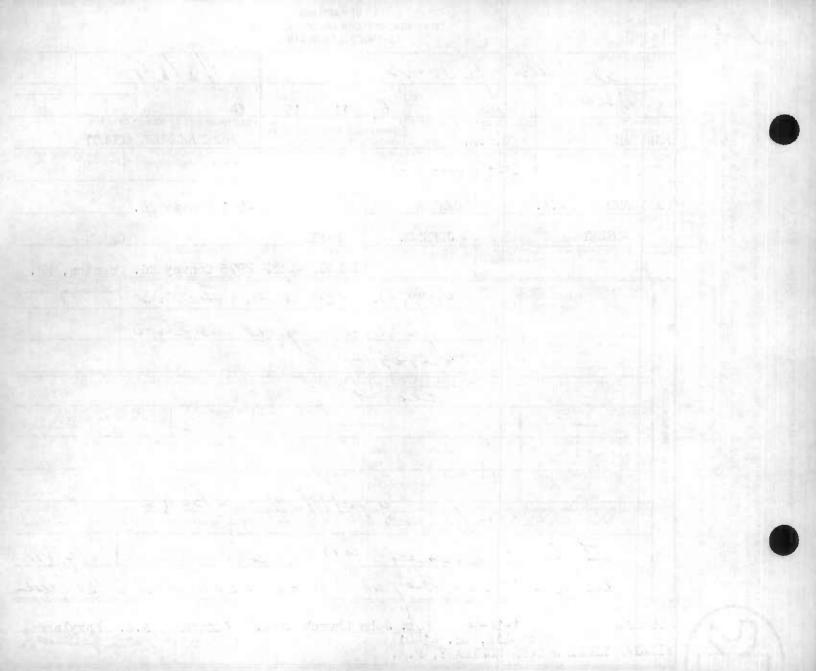
STATE OF MARYLAND

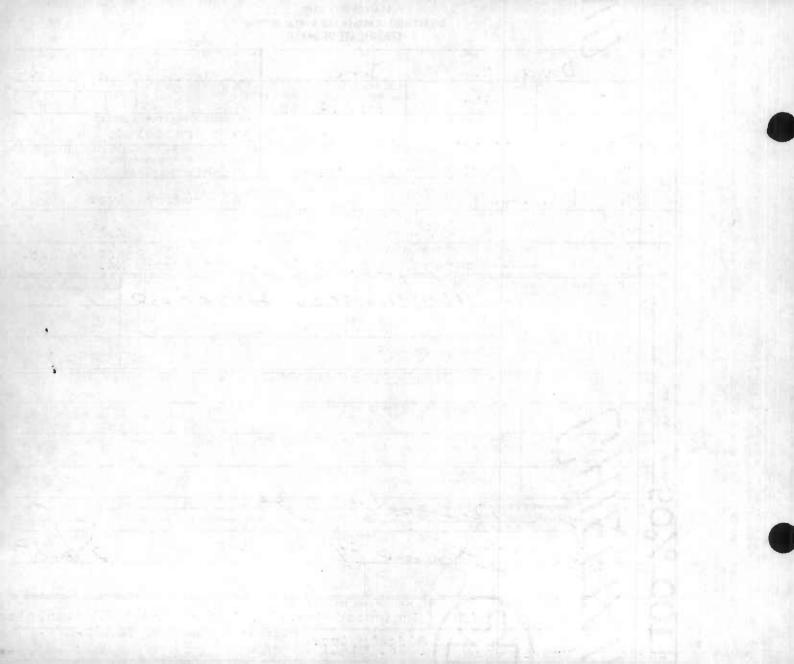
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



1/2	1.	FOR - STATE		DEPARTA	MENT OF HI	ALTH AND I	MENTAL HY	SIENE O	0	0 !	8
2 m#		REGISTRAR CEASED NAME FIRST, CORPRINT)		UUU Se	LA			REG. I	NO. MONTH DAY	YEAR 2	h HOUR
ge 4 may	3. SE	× mule	4 RACE BLACK		5. DATE O	BIRTH DAY	YEAR 19	6 AGE IN YEARS LAST B	YRS.	THS DAYS	HOURS
death. Page	MA	IRTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	U.S.		WIDOWE	DI DI	MARRIED A	9 BALTIMORE CITY ANNE AR	OR COUNTY OF		
s offer		DENTON		OSPITAL, NURSIN HEACILITY, GIVE STREET CONWAY RO		R OTHER INS	NOITUTION	178 USUAL OCCUPA (TYPE OF WORK FOR MOST		12b. KIND OF INDUSTRY	BUSINES
filled in pould be	13a.	AL RESIDENCE (IF NURSING HOME STATE 136 CO RYLAND A. A	OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE 13c CITY OR TOW ODENTON	ADMISSION)	13d INSIDE C	ITY LIMITS?	13e. STREET ADDRESS 2981 Conw	av Rd.	2111	3
mplittilly and 2 sty	14. F.	ATHER'S NAME WESLEY	MIDDLE	JOHNSO	ON	15 MOTHER'S	S MAIDEN NA FIRST TE			REEN	
n and ce Pages	160	VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) I IF YES.	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECU	IRITY NO.	17 INFORMA BESSI		ADD 2975 Conw	RESS		ı. Mc
been signed by the commit Then please remains only injury, as other transformations or the transformation of t	ATION	gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION		Kley	en	1		AINAL DISEASE OR CO	20b. IF YES, W	ERE FINDING	GS USED
CLAN The is physician reflicate bas al-transit per al-transit per	AL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.A	M. MONTH DA	AY YEAR	21¢ HOW IN	JURY OCCUR	YES NO RED (ENTER NATURE OF IN	YES DURY IN ITEM 18 PART I		NO [
nog PHYSIC attentions of the burn th and Mer	MEDICAL	21d INJURY OCCURRED WHILE ON TWHILE OF WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, F		211 LOCATION STREET		CITY OR	IOWN	COUNTY	St
At OR ATTEND the hospitul o At DRECTOR. Inhoched for use the Dept. of Meal Tr. if Nem 21 is m		220.1 certify that (1) (this had saw the deceased alive above, (1) (we) (did) (did) (22b. SIGNATURE	00 5/23	1 19		EGREE	ATTENDING	death accurred on the MEDICAL ST DHRECTOR PHYS	AFF	d from the co	
O HOSPITA regined by TO FUNER hould be d in the Sta	1	22d. PHYSICIAN'S NAME (TYPE	5 90	unhe	y us	77e ADDRES	1130	au.	Relu	Plee	lu
BP		BURIAL, CREMATION, REMOV (SPECIFY) URIAL	1 -12-8			METERY OR	crematory ch Ceme	23d LOCATION CITY OR TOWN		Monay	STA
DHMH - 16 50M 4/82	24 F		napolis.	Md. 2140)1	· onur	25a. DA	E REC'D. BY REGISTRA	R 25b. MEDISTRAR	Mary	the





1	1	500			0504074		OF MARTIA		- B	4.3	Ω	0 1	8 /
	1-	FOR STATE REGISTRAR			DEPART		CATE OF D	MENTAL HYG EATH	IENE O	REG. NO.		0 ,	
o e p		CEU2ED IAMINE	LBEI	RT	EUGENE	Ek	AMIN	5K1	2a. DATE OF E	JA I	N. 2G	YEAR 184	21. 25 F
	3 SE	MALE		RACE WHIT	E	S. DATE O	BIRTH DAY	YEAR 26	6. AGE (IN YEA	57	YRS		HOURS MIN.
123	-	RTHPLACE (STATE OR FOR COUNTRY)			WHAT COUNTRY?	8. MARRIEE WIDOWE	NEVER M	ARRIED	9. BALTIMORE CITY <u>OR</u> COUNTY OF DEATH ANNE ARUNDEL CO.				O, MD.
by the t	MI		MD :	267	HOSPITAL, NURSING CHEACHLISY, GIVE STREET	ADDRESS L	R OTHER INST	ITUTION	CARPE			IZB. KIND OF INDUSTRY	CORP.
1 tilled in hould be	130. S	ARYLAND	COUNTY	RUNDEL	13c, CITY OR TOW	N	13d INSIDE CI	NO 🔀	13. STREET AL 267	DOG V		RD.	21108
completely completely ond 2 st	Y	DOMINIC			Kamins	- 1 - 1	A	MAIDEN NA/	AE	ADDRESS		SAV	AGE
cate be execut ysician and co opers. Pages. wal.		VAS DECEASED EVER IN YES, NO OR UNKNOWN]	U.S. ARMEI	AR OR DATES)	210-16-		MARY	111 11	MINSK		(SAME	E AS	MATE INTERVAL INSET AND DEATH
es that the death certined by the attending please remove carbon urial, cremation, or reny, or other traumotic ev.	couse (a), st underlying co			DUE TO, OR AS A CONSEQUENCE OF ny, which immediate (b) A DENOCARCINOMA OF PROSTATE immediate							Es	780	
The law recion. The has bee ssit permit. giene prio	CERTIFICATION	190. DATE OF OPERATION		19b. CONE	OITION FOR WHICH	OPERATIO	WAS PERFO	RMED	20e AUTOF	NON	Ob. IF YES, V IN CERTIFYIN YES [VERE FINDIN NG CAUSES	GS USED OF DEATH? NO
SICIAN: ng physical properties or a properties	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 210. INJURY OCCURRE	USE OF DEATH	HOUR A	OF INJURY M. MONTH D M. OF INJURY	AY YEAR	216. HOW IN		RED (ENTERNATO	IRE OF INJURY I	N ITEM 18 PART		
	WE	WHILE NOT WHILE		(AT HOME S	TREET, FACTORY, OFFICE, I	ARM ETC)	STREET 2.5	10 83		TAN	26 10	COUNTY	STATE
T T S S S S S S S S S S S S S S S S S S		220. I certify that (1) (1 sow the deceased above, (1) (we) (dia	alive on	JAN	2.5	84or		/	death accurred		, , , ,		
		MA PHYSICIAN'S NAM	thing	78	now M	0	MD. A	TTENDING PHYSICIAN S	MEDICAL DIRECTOR	STAFF PHYSICIA	N 🗌	1/2	1
TO HOSPITAL retained by 1 TO FUNERAL should be del with the State	1220	DOROTHY		SNOU		NAME OF C	390		Paue 1234 LOCAT		lvd	Balt	21218
ВР		BURIAL, CREMATION, RI		JAN. 2	0 100. 1	LENH	AVEN C	EMETER	CITYO	Buei		NEARU R'S SIGNATI	NDEL MI
DHMH - 16 50M 4/83 (VRA 15, 4)	Z	PARRANCO FU	NERAL	Home	SEV	ERNA 1	PARK MD	16 M 5	1 1984	Jok	ug.	Casie	4

AND SHOP IN THE PROPERTY OF SHIP WAS AND THE PARTY OF SHIP WAS AND SHI COTH BOYE WITHER THE Brid Brid Strain Johnson J. Course .

	B B		Proph 2/2/84 STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 1 0 0
			CEASED NAME FIRST	WIDGIE	LAST	20. DATE OF DEATH MONTH O	AY YEAR 26 HOUR
	page 3		KATHERINE		KANE	13an 22 19	184 1230 Am
	ector, po	3. SE	× /=	WHITE	5. DATE OF BIRTH MONTH DAY YEAR YEAR YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS
	Porth. Pag	7a. B	RTHPLACE (STATE OR FOREIGN 76. COUNTRY) AS HINGTON OK	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY	OF DEATH
	by the fur	10. €	EDGEWATER	. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12e. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
IND ZIZO	filled in b guld be fi	USU 13a.	AL RESIDENCE (IF NURSING HOME OR OTI STATE MD 136. COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE A		13. STREET ADDRESS LBY	BL/631
MARTLA	mpletely and 2 sh	14. F	ATHER'S NAME FIRST MID	BAUE	15. MOTHER'S MAIDEN NA	AA MODEN E	BARRET
IMORE,	on and co		NAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN)		111	ENNE BONNI-	SAME
T., BALI	physicia mpapers maval.	N	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BE IMMEDIATE)		BILAT. PNEUM.	ONIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
STONS	death cer strending sve carbo hian, ar re aumatic e		4409 Canditions, if any, which	DUE TO, OR AS A CONSEQUE	STENBRALIZED A	THENU SCLETUSIS	20 yrs
1 W. PRE	that the diby the atose remains!, cremating		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ICE OF	- EXTREMITTES	4 Mouras
RDS, 20	equires to signed. Then ple re to buricinjury, or	NO	PART 2 OTHER SIGNIFICANT CO	PHX CVA	EATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	N IN PART IIa
AL RECORD	he low r	CERTIFICATION	19q DATE OF OPERATION	196. CONDITION FOR WHICH (PERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
OF VITA	SICIAN: Top physical certificate certificate ental Hygi shem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	21b. TIME OF INJURY HOUR A.M. MONTH DA'	YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
DIVISION OF	G PHY:	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FA	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ā	TENDIN bital ar TOR: Aft for use as of Health	13	22a.1 certify that (I) (this hospital saw the deceased plive an abave, (I) (we) (did) (did pot) v	198	4 and that in (my) (my) apiman	death accurred an the date and haur	9 24, that (1) (wastand from the causes stated
	AL OR ATT the hospit AL DIRECTO detached for ste Dept. of		22b. SIGNATURE	me M. Joth	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-22-84
	etained by TO FUNER, should be d with the Sta	1	22d PHYSICIAN'S NAME (1YPE GRP)	W Lott 1	40 PAVI	DSON VILLE A	10 2/035
	BP	23a.	BURIAL, CREMATION, REMOVAL	TO A 24 884 1	MT. OLIVET CEM.	23d. LOCATION	STATE STATE
	DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR	D.G. COL MIDRESS		E REC'D. BY REGIST (AND REGIST	AR CIGNATUR
	(VRA 15, 4)		DEVEL FUNERA	1 Home W.	14511. D.C. JAN	25 1904	

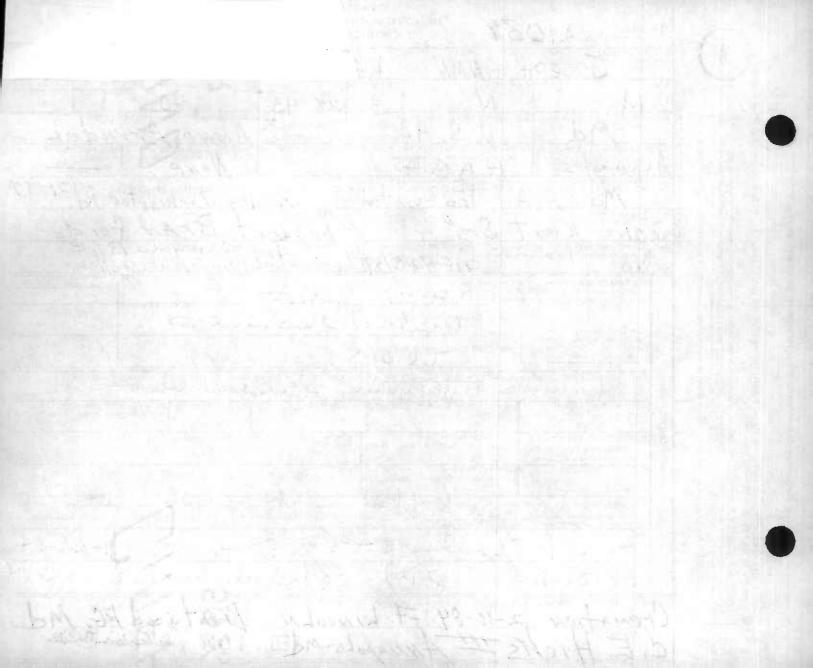
STATE OF MARYLAND

A MARKET TO THE PARTY OF THE PA E HE SELECT FOR THE PERSON OF Section 22 (Autor & All Maria Characters of the Select Beauty THE STATE STATE STATE NOT MAKE A PARKING SAME Generalization Arman Sciences 20 Miles PHYLLAGENE - SYDEMLITES - SHEET 13 To 1 W CHILL THE DESTRUCTION OF THE SECRET

200	I .		STATE OF MARYLAND	8 4 1 1 1 8 9
71	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
Von	Ι''	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
1	1. DE	CEASED NAME TRST	MIDDLE , LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
	(TYPE	ORPRINTS Themetre	2 V RAPAJOSICA	1-30 8/18 20
1 1	3. SE	A PACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
8 /	J. JL	E \	MONTH DAY YEAR	9 2 MONTHS DAYS HOURS MINL
10		remale	Unite 11-23 90	/ J · YRS.
2 611	7a. B	RTHPLACE (STATE OR FOREIGN 76 CITIZE	NOF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH
0/		reece 1	USA WIDOWED DIVORCED	ANNE HRUNDEL MD.
22/	10. C	TY OR TOWN OF DEATH 11. NAM	LE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION 128 KIND OF BUSINESS OR 129 F WORK FOR MOST OF WORKING LIFE! INDUSTRY
90	10	rounsville lain	tield-Arundel Nursing Cnt.	D
100	UsU	AL RESIDENCE (IF NURSING HOME OR OTHER INST	TUTION, GIVE RESIDENCE BEFORE ADMISSION)	
3/10	130.	TATE 13b. COUNTY	HOOCONIS YES NO [136. STREET ADDRESS / ZIP CODE Road 21461
2 2	14 E	THER'S NAME	ITANO IS YES NO L	
12	1	FIRST MIDDLE	LAST	MIDDLE NO LAST
(821	1	Unknown	Unknow	ADDRESS
Pages		VAS DECEASED EVER IN U.S. ARMED FOR (ES TO GRUNKNOWN) (IF YES, GIVE WAR OR D)	ATES) TO COLUMN TO A COLUMN TO	, same as
s. Poge		NO I	214-54-3761 JINohn F. 17	arangelen- #13
= £ "		18 CAUSE OF DEATH (Enter only one cou	ise per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
ewent,		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) grown negali	u ceps 15
or re		5000	TO, OR AS ANONSEQUENCE OF	
tion, oumo		Conditions, if any, which	Total Uninan	tract in special
motion		gave rise to immediate	(10)	
ol, cre		cause (a), stating the DUE underlying cause last.	TO, OR AS A CONSEQUENCE OF CHIMAGE	ia & Jhilmmin
ō		BART 2 OTHER CICARECANT CONDITIO	INS. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 1(g)
injury,	z	Pilat co. As and	OLAS VALADORAN ILLA STATE OF THE TEX	ALE DIASITE NULLA
2	CERTIFICATION	190. DATE OF OPERATION 19b. C	CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED
s on	5	The Bale of Great and Grea	is in the second of the second	IN CERTIFYING CAUSES OF DEATH?
shows	- E	21g. ACCIDENT WAS UNDERLYING 21b. T	IME OF INJURY 21c HOW INJURY OCCU	YES NO YES NO
i m	4		UR A.M. MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2)
tental	δ	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	
	MEDICAL	ZAT M	LACE OF INJURY DIME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
orked	1	AT WORK NOT WHILE AT WORK	31 7	7 1 122 511
S m	1	220.1 certify that (1) (this haspital) attend		tho (1) we) lost
21		saw the deceased give on above (1) we) (did) (did not) view the	body after death ond that in (my) our) opinio	n death occurred on the date and hour and from the causes stated
He a		22b. SIGNAPURE	DEGREE	22c. DATE SIGNED
\$ <u>F</u>		Mens (Va	ATTENDING. PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 131 (89)
with the State E		TO PHYSICIAN NAME (VP) OF PRINTS	22e. ADDRESS	Tours of the second of the sec
MPORTANI	11.19	YEINGE (.)A	MARASMD 205 Re	dotte And Amaia money
₹ M	754	URIAL CREMATION, REMOVAL 236 DA		Tad LOCATION
7.5		SPECHYI	1011 Q+1) +	O CHY OR HOWIN
	74.5	UNIQ WIS	0/84 OI. Demetring	TIMADONS HAN IIID
A 4/83	tr	THE I	ADDAS	1 bot franch labell
4)	LIC	2416r Luneral C	hapel-tinnapolisiMU	

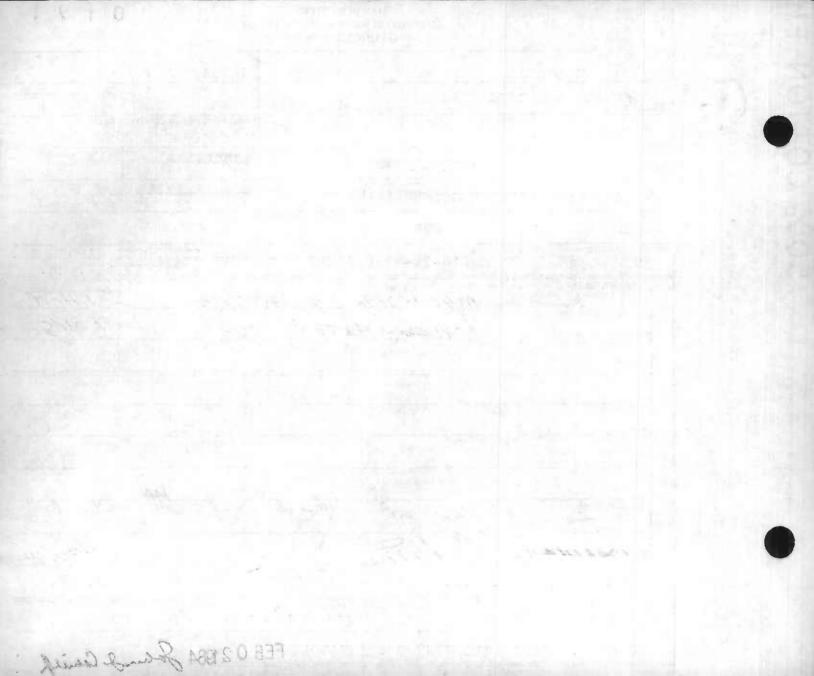
The state of the s Ecocale Land en la service intil bein renamers & allegoration in a city LLok nones Uki'ngan Olenahakis the first transfer of the state of the second of the second of the state of the second of the state of the second of th The state of the s Maylor Lunency Chaptel Honogolismi)

STATE OF MARYLAND



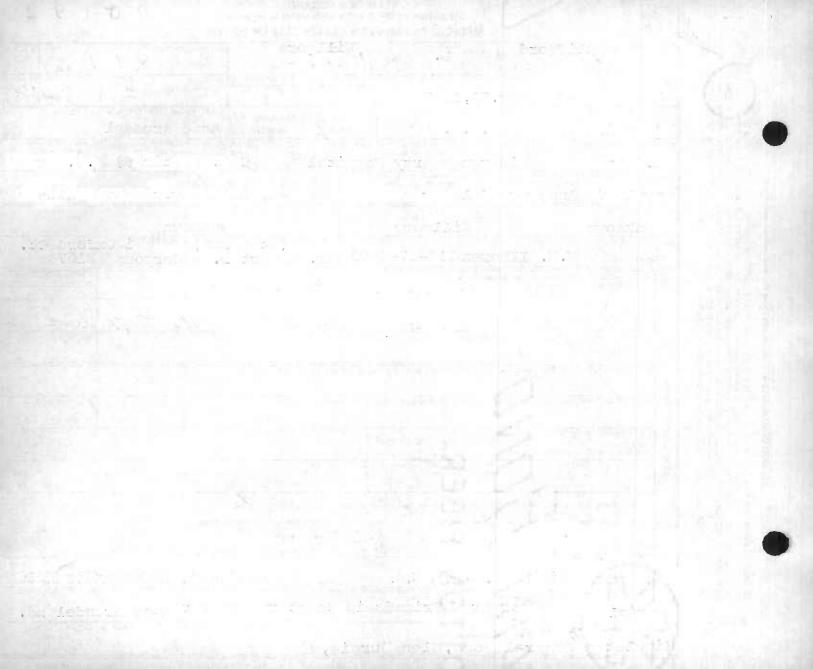
DHMH - 16 50M 1/B1 (VRA 15, 4)

	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND LEALTH AND MEN ICATE OF DEAT		IENE B	REG. N	0	0 !	9 1	
1		CEASED NAME	FIRST		MIDDLE		AST		2a. DATE O			DAY YEAR	26 HOUR	_
	(TIME	CORPRINT	MILDRI	ΞD	0.	K	ESSINGE:	R	JANUARY 26, 1			1984	,	N
	3. SE	FEMA		A. RACE CAUCAS	SIAN	5. DATE (DAY	919	6. AGE (IN)		THDAY) YRS.	MONTHS DAYS	R IF UNDER 24 HRS HOURS MIN.	-
5	WE	RTHPLACE (ST COUNTRY) ST VIR	GINIA	US		WIDOW		CED [COUNT:	Y	D.
C	CR	OWNSVI	LLE	8 ("SUM	MER'HILLE	PARK	OR OTHER INSTITUT	ION	THOUS				OF BUSINESS OF	
5	M'A	AL RESIDENCE I	A NN E	ATRUNDEI	GIVE RESIDENCE BEFORE	VILL	YES NO	IMITS?	138STREE	MMER	HILL	PARK	2/03:	A
(AMES*		WIDDIE	COX		15. MOTHER'S MA	IDEN NA/	ME	WIDDIE		L	AST	
	láa V	NAS DECEASED	EVER IN U.S. AR	MED FORCES? (E WAR OR DATES)	216-32-		JAMES	KESS	INGER		FORE VENS	ST GAI	RDEN RD	
	NOI		stating the couse last.	(b)	R AS A CONSEQUE	NCE OF	ARTER,	THE TERM	D/S	E OR CON	DITION G	IVEN IN PART 1	<i>YCS</i>	_
7	CERTIFICATION	19a DATE OF C	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTO	DPSY?	IN CERT	ES, WERE FIND IFYING CAUSE ES	INGS USED S OF DEATH?	-
	MEDICAL	OR CONTRIBUTION JIF EITHER NOTH 21d INJURY OF WHILE AT WORK 22d. I certify th 22d Physician EDWA	NOT WHILE AT WORK O(1) (this hasping online on India (did no India)) N'S NAME (TYPE RD S.	HOUR A. P. PLACE AT HOME STE tol) attended the step of the body BECK, N	M. MONTH DAM. OF INJURY OF INJURY elect. FACTORY, OFFICE. F. e deceased from 19 & ofter death.	ARM. ETC)	PHYS 220. ADDRESS 1616 F	ORES	to deoth occurred medical director	CITY OF TO	WN ste and ho	county 19 4 ur and from the	state , that (I) (we) los e couses stated ESIGNED 30/844	1
	24 FL	BURIA BURIA UNERAL DIRECT	TION, REMOVAL L OR E. EVA	1-30-		EN H	AVEN GL	EN B		OR TOWN N	-	UNDEL TRARESIGNA	Md. STATE	



20M 4/82

STATE OF MARYLAND



O HOSPITAL OR ATTENDING

etained by the hospital ar O FUNERAL DIRECTOR:

10	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 4 ()	0 1 9 3
A		CEASED NAME FIRST OR PRINT) NICHOLA	S Peter	Kitrings S. DATE OF BIRTH	20. DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 2 1 1 5 M
(M)		Male	White CITIZEN OF WHAT COUNTRY?	MONTH DAY YEAR 6 25 23	9. BALTIMORE CITY OR COUNT	MONTHS DAYS HOURS MIN.
thin 72	10 CI	TY OR TOWN OF DEATH 11.		MARRIED NEVER MARRIED WIDOWED DIVORCED DOWNED DIVORCED DIVORCED	Anne An	undel MD 126 KIND OF BUSINESS OR
d in by the files	USU/ 13a_S	nnapolis A AL RESIDENCE (IF NURSING HOME OR OTH TATE	(IF NOT IN SUCH FACILITY, GIVE STREET A ON EHR UN GE ER INSTITUTION, GIVE RESIDENCE BEFORE A CITY OR TOWN	General Hospital	TYPE OF WORK FOR MOST OF WORKING L	Medical
d 2 should	14 FA	THER'S NAME FIRST MIDE	1. Hnnapa	150 VEC 22 VOT	2 Hlden La	ne 21401
Poges 1 on	160 V	VAS DECEASED EVER IN U.S. ARMEI	D FORCES? 166 SOCIAL SECUR	Hngeliki HTY NO. 17. INFORMANT 186 Lacene Th	ADDRESS S	aretili ame as
d by the attending physicial lease remove carbon papers: ial, cremation, or removal. or other traumatic event, the		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.	And IT IN COLUMN	renal failue	re	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 Lej (
theen signed runt. Then pling prior to buring ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT COM OLA 190 DATE OF OPERATION	DITIONS CONTRIBUTING TO D 1 1/4 22 Ce 196 CONDITION FOR WHICH O	E <u>ATH</u> BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED	20e AUTOPSY? 20b. IF YE	VEN IN PART 110 S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
certificate has urial-transit pe tental Hygiene Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHEY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR	/	ES NO
the by ond W	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
IRECTOR: thed for us tept of He them 21 is		220.1 certify that (I) (this hospital) saw the deceased alive on above, (I) (we) (did) (did not) vi 22b. SIGNATURE	1// 19 3	DEGREE	to	that (I) (we) lost ur and from the couses stated
O FUNERAL D hould be detac with the State D		22d PHYS IAN'S NAME (IVPE OR PR	Bern Mi	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN D	polis, MI)

23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236 DATE BP. 250 DATE REC'D. BY REGISTRAR SEREGISTRAR'S SIGNATURE DHMH - 16 50M 4/B3 uneral Chapel-Hongrotis MI (VRA 15, 4)

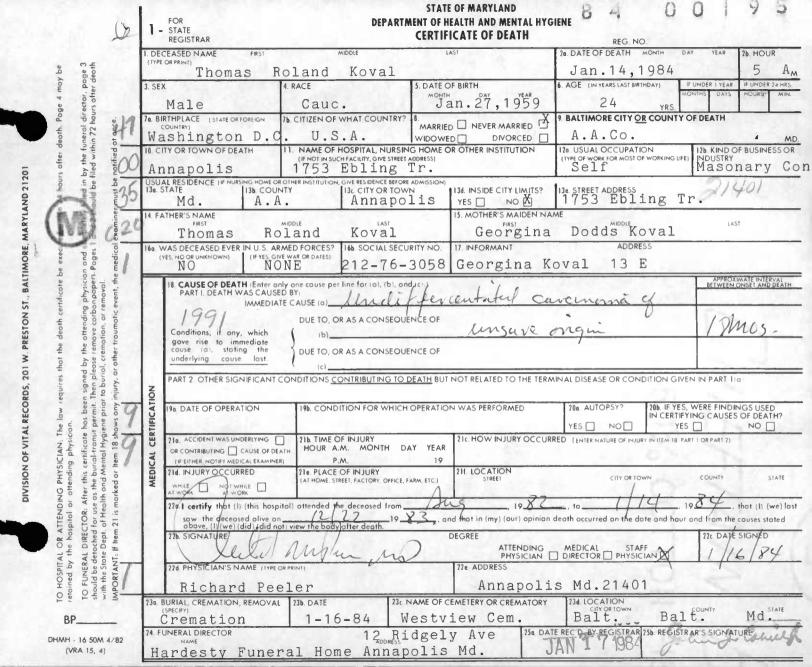
tottle gradualities X ellegrant GA SILV retered Like in Long in the restal Company Total to a state of the self-The first of the second of the com the supported to swell the transfer down to All the second of the second s

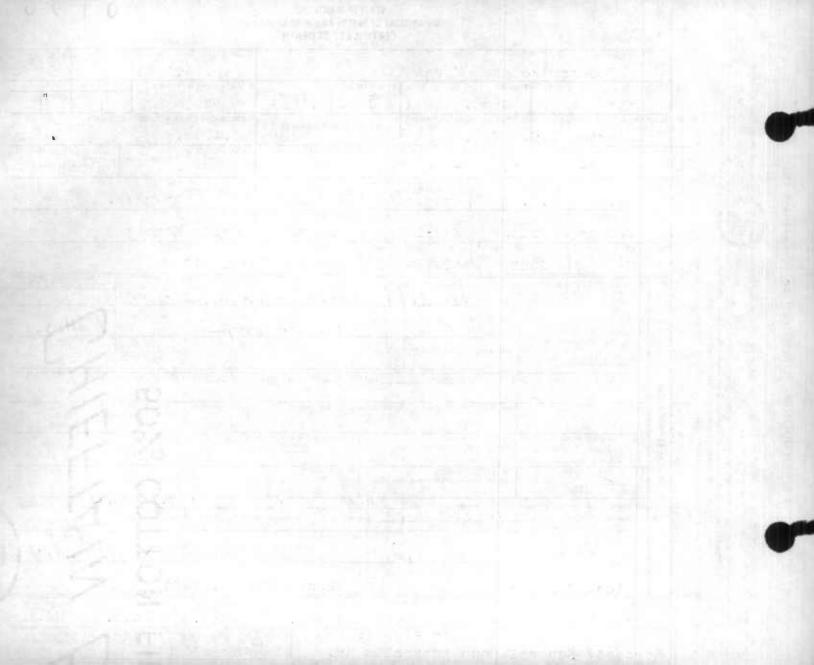
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

tir Sergesta			
	Mark Service		
The effect of the age			
EXCENT ATMOSPING BUTCH			
er er ales (n. No) de	dui i dee	letter of the di	
and other products			4 2 0
logo de la		NEWS INC.	Delay State
		STERRET GENERAL	and the second





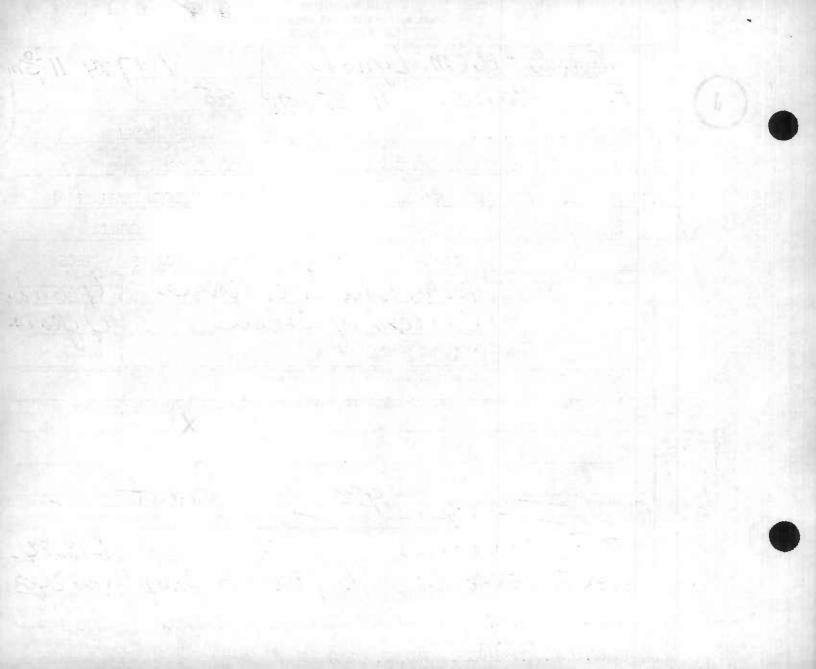
n rao keel as veltaat	yeg.		E FJ	
E	april (11) and		i.,	3 100
Tritto tenniga nela			100	• 3
lowers of the	ATTREE			
1915 Indian Solut E. 21120	X	Pasar ena	in the outer.	.5/\
Unk	su.	3107		1 1022713
ivens some as 1) E	i souchine. in	/ w / 5		O
CAUSE SOURCE STATE POTEST				
	l Bour Cerekery			surio '
50.0000			mon Clone 32	

5	1.	FOR STATE REGISTRAR		DEF	PARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE REG. N	0 0	1 9 /
m.e		CE ASED NAME OR PRINT)	FIRST	WIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY YEA	AR 2b. HOUR
ov be			Sames			itney	6. AGE (IN YEARS LAST BIT	1-3-8	
Poge 4 moy	3. SE	m	4. RACE	3	S. DATE	OF BIRTH DAY YEAR 29 13	6. AGE (IN YEARS LAST BII		YEAR IF UNDER 24 HRS
deorn. Po		RTHPLACE (STATE OR F		U.S.A.	MARRI WIDOW	ED NEVER MARRIED	P. BALTIMORE CITY S	Arundo	MD.
s ofter d by the filled will	1	NNO POL	is A	OT IN SUCH FACILITY, GIVE		or other institution	126. USUAL OCCUPAT (TYPE OF WORK FOR MOST (ND OF BUSINESS OR TRY
in 24 hours by filled in should be evaluated.	USU 130 MAJ	AL RESIDENCE (IF NURS STATE RYLAND	13b. COUNTY	130 ANNA	POLIS	13d. INSIDE CITY LIMITS?	13 9 THE CRESA	ve. 214	-01
ed within	14. F/	THER'S NAME FIRST JAMES	R. L	ATNEY	ST	15. MOTHER'S MAIDEN N. ALICE	WIDDLE	JONES	LAST
rificote be execut physicion and ca npapers. Pages I movol.		VAS DECEASED EVER YES, NO OR UNKNOWN) YES	IN U.S. ARMED FO		L SECURITY NO.	MARGARET CA	ARROLL 9 Hic	Annauoll	s, Md. 2140
equires that the death cert signed by the attending Then please remove carbon to buriol, cremotion, ar re njury, or other traumotic er	CERTIFICATION	Conditions, if ony, gave rise to imm couse (o), storin underlying couse PART 2. OTHER SIGN	which nediote g the lost. DUI	E TO, OR AS A CON (b) E TO(OR AS A CON (c) ONS CONTRIBUTION	SEQUENCE OF STO DEATH BU	als obelow T NOT RELATED TO THE TER ON WAS PERFORMED	MINAL DISEASE OR CON 20a. AUTOPSY?	DITION GIVEN IN PAR 20b. IF YES, WERE FII IN CERTIFY ING CAL	NDINGS USED
CIAN: The lo physicion. Tificote hos al-tronsit per fol Hygiene p	ERTI	21g. ACCIDENT WAS UND	DERLYING 71h	TIME OF INJURY		21c. HOW INJURY OCCU	YES NO	YES D	NO [
HYSK nding nis cer buric I Meni or Ite	MEDICAL C	OR CONTRIBUTING () (IF EITHER NOTIFY MEDIC 21d. INJURY OCCUR	CAUSE OF DEATH CALEXAMINER) RED 21e.	PLACE OF INJURY HOME, STREET, FACTORY, (19	211. LOCATION STREET	CITY OR TO	XeV	
Or or of the mort		WHILE NOT WHAT WORK AT WO!	(this hospital) afte	/	and the same of th	19		. 19	, that (I) (we) last
HOSPITAL R ATTE		sow the decease obove, (I) (we) (c	ad alive on did (did not) view 1	de body after death.	()	DEGREE ATTENDING PHYSICIAN 170. ADDRESS	/	22c. D	ATE SIGNED
BP		BURIAL, CREMATION,		ATE -1984		CEMETERY OR CREMATORY terans Cemete		sville CONTY	. Maryland
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	UNERAL DIRECTOR WILTIAM RE	Annapol: ESE & SON	Is Md. 2	1401 Yr, P.A.	250. DA	N 4 1984	256 REGISTRAR'S SIG	Cahiel

the state of the s Land of the Action Property of the Reads Configuration and the configuration of the configur Literatura de la Caraca de La C

								ARYLAND	53	4	a a	9	8
4		1-	OR STATE			DEPARTMENT					()		
4	Y		REGISTRAR			DICAL EXAM			OF DEAT	H REG	. NO.		
1	-	DEC	EASED NAME Chr			Morris	L	ouria _	20	OF ESTI-	MONTH	DAY YEAR	26 HOUR
	20025		Chri	Stol	shav	Mer	r15	Louri	F.3F	DEATH MATED	Q 1	181984	M
	再 员工支票	3. SEX	1. RACE	MI	ATE OF BIRTH		PTHDAY) MONT		ER 24 HRS 2c.	DATE	MONTH	DAY YEAR	2d HOUR
	822 CON	Ma	le Whit	e 00	ct.26,	1960 23	3 YRS.	TOOKS	Mark I I I	DEAD	1-18	1984	1815
100	VECESSAR UNERAL I FOR Y WITHIN PRESTO	7a BI	RTHPLACE (STATE OR SEIGN COUNTRY)	7b.	CITIZEN OF W	HAT COUNTRY?	8 MARR	ED 🛍 NEVER MA	RRIED .	BALTIMORE CIT	_		
			w York		U	24,	WIDOV	ED DIVO		Inne Ar			MD.
	AAY IS THE P	ID CI	Y OR TOWN OF DEATH		(IF NOT IN SUCH F	SPITAL, NURSING H		ER INSTITUTION	FOR MOS	OCCUPATION T OF WORKING LIFE!	(TYPE OF WORK	12b. KIND OF BU OR INDUSTI	SINESS
												School	
	14 D	13a S	ATF 113b	COLINITY A	er institution, o	13. CATY-OR TOW	MISSION)	13d. INSIDE CITY LIMITS	13e STREET	ADDRESS	-	21061	
	IF ANY DEL 2, AND 3 TC 3. RETAIN AFOULD BE	Ma		Arund		_ Glen B	urnie	YES NO		West	Court	A4.17	
	MD. HH. H. H	14. FA	THER'S NAME	MIC	ODLE	LAST		15. MOTHER'S MA		MIDDLE		LAST	
	A SESTINATION	Le				Louria		Barbar	a	H		Morri	
	BALTIMORE, S. TIP DEA G. VENGES III. F.C.M. P. PAGES I CAN WISION OF W	16a. V (Y	AS DECEASED EVER IN S, NO, OR UNKNOWN) (IF	U.S. ARMED YES, GIVE WAR C	FORCES? OR DATES)	166 SOCIAL SECTION 166 SOCIAL SE		17. INFORMANT	(mothe	er) ADDR	ES Hunt	ers Cr	eekLa
	A STATE OF S	7	es	?		043-04-	-0202	Mrs. Ba	rbara	Louria	NewC	anaan,	Conn
			18. CAUSE OF DEATH (I	Enter only on	e couse per lin	e for (a), (b), and (c).	-1 ,	1.1	,	11	1	APPROXIMATE BETWEEN ONSE	INTERVAL
201 W. PRESTON ST.,	ON ST. 24 HOUI TEM 18 ONG V PERMIT SIENE, (MEDIATE CA	AUSE (a)			Wou	Nd	rte	Ad -		
	PRESTON ITHIN 24 H CIL IN ITEM VER ALON ANSIT PER AL HYGIEN REMOVAL		Canditions, if any		DUE TO, O	R AS A CONSEQUEN	ICE OF						
	MITHIN VCIL IN	119	gave rise to imi	mediate	(b)								
	DI W. PR TED WITH V PENCIL XAMINEI AL-TRAN MENTAL N, OR RE		couse (a) stating the lying cause last.	e <u>under</u>	DUE TO, O	R AS A CONSEQUEN	ICE OF						
	XECUTE VG" IN VAL EX BURIAL AND A				(c)								
		Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10										
	MEDIA MEDIA MEDIA ASA EALTH CREM	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY		
	TAL RICE AND SED OF HE RICE	FICA	THE DATE OF OPERATIO	514	198 COND	IIION FOR WHICH C	DEKATION V	AS PERFORMED!					
	三 エボデーのデ	E	210 EXTERNAL CAUSE	WAS	21b. TIME C	DE INTURY	121, H	OW INJURY OCCUR	DED LENTER NAT	URE OF SKILLING IN LITE	19 BART 1 OR D	YES 🗌	NO 🗌
	PICATE S THE WO O THE COULD BE RETMENT	2	UNDERLYING OR		HOUR A.	M. MONTH DAY	YEAR <	5/14	T	C11.	L - 1	N(12)	
	2 三のドナを坐	MEDICAL	CONTRIBUTING CAL)		W. 19 OF INJURY (AT HON		CATION		TIL	1 C ds		
	BIVISI RETINCE RETINCE REDEP SE 3 SE 201 PRI	ME	WHILE NOT WE	HILE TV	STREET, FA	CTORY, FARM, ETC.)		STREET	C	ITY OR TOWN	co	YIMU	STATE
	PAG TATE	200	AT WORK AT WOR	K 7	1	to me							-
	EXAMINER: CERTIFICATE ULD BE FORY DIRECTOR: , WITH THE S		22s. I certify that I to	ok charge of	the remains de	escribed obove, held	on Autop	sy 🔲, Inspec	tion L	Inquiry L.J.	and in my of	pinion	
1700	EXAMINER: CERTIFICATI JLD BE FOR DIRECTOR: WITH THE: AARYLAND		death resulted from:	Natural co	ouses	Accident,	Suicide	Homicide	Undeterm	nined monner			
	MARIE WAR		ACTUAL /	1 01	1	1.6	m	Deputy			DATE	1-10.	011
	EDICAL JIETHE A SHO JINERAL MORE,	1	SIGNATURE	de	1	74-1	TVIJA	or pepucy	MEDICA	L EXAMINER	SIGNI	ED / 10-	5 7
	MEDICAL E ECUTE THE GE 4 SHOU FUNERAL TER DEATH,	Y	EXAMINER'S NAME (TYPE OR PRINT)	Jillia	m P .1c	mes, M.D.		ADDRESS 695	America	Ct. Day	idsony	ille 210	135
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a P	JRIAL, CREMATION, REM					R CREMATORY					
		- (:	urial	Ja	n 21	Hills.	ide Ce	emetery	Wilt	on F	airfi	eld Col	are
	BP		INERAL DIRECTOR	19a	1984				TE REC'D, BY RE	GISTRAR 25b.			111
	DHMH - 17 (VR A15 ME (5))	Si	ngleton f	Inor-	Home	Glan F	Rurnic	- //		1984	alu -	2. Capiel	4
	20AA A/R2		AGIECON F	uner d	TITOME	, Gren r	JUL IITE	, Mul.					

Christopher Mario Loura Self In Slicted The most W. F. Jamo ...



FOR

- STATE

TYPE OR PRINT

3. SEX

REGISTRAR

TO BIRTHPLACE (STATE OR FORFIGN

ID CITY OR TOWN OF DEATH

Philadelphia, P

Burial

Hardesty Funeral Home

24 FUNERAL DIRECTOR

1/24/84

RNes

4. RACE

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH MIDDLE YEAR ickly DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 69 76. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. DIVORCED [WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR HYPE OF WORKEGA MOST OF WORKING LIFE) INDUSTRY osteopathic medical ON NAPO! 13d. INSIDE CITY LIMITS? 13e.STREET_ADDRESS ZZIP CODE NO M 15 MOTHER'S MAIDEN NAME Ell'a Louise Rickly Gordon Cove 17. INFORMANT APPERED SO Edna M. MacDonald Annapolis, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) 19 211. LOCATION CITY OR TOWN COUNTY

Baltimore, Md

250. DATE REC'D' BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

14 FATHER'S NAME MIDDLE MacDonald Ernest 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) [IF YES, GIVE WAR OR DATES] WWII 64-09-397 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 O CERTIFICAT 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM ETC) NOT WHILE AT WORK 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on 2005 the body ofter death AT_SPANd that in (my) (our) opinion death occurred on the date and hour and from the causes stated 27h SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 224. PHYSICIAN'S NAME (TYPE OF PRINT 23c NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN

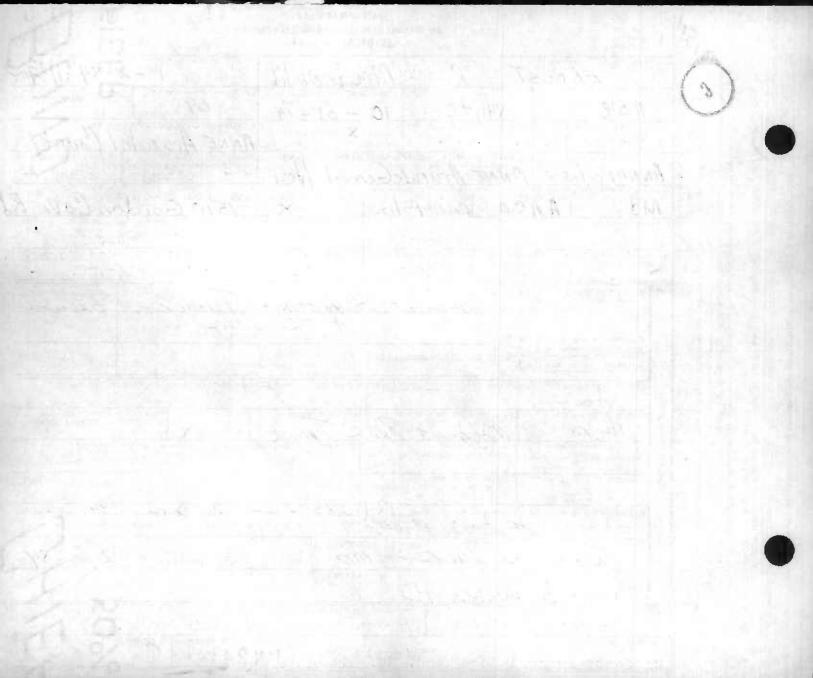
Parkwood Cem.

Ann. Md. 2140

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

MPORTANT:



nts need to be be been a find			MEUN	
E (1016) 110 12 2 2 10 10 10 10 10 10 10 10 10 10 10 10 10	32 1700	dilte. 2		Font by
room more and	X.			عبد عبد
=== #11/mmCoh				
1027 [leran (m. (210-1)	X	elevus noil	a 1 a 4	.24
al adverse il ne u	J. L. L	nuori		maritit
erch (stab on 1 m)		041-201		
AR WAS DIE THOUSE 12				
tails na tyras are		.0.	M. PAY	
	NEW YORK			AV HEND HILLERY
· · · · · · · · · · · · · · · · · · ·	Atagasan mrp	6. 7122	of Lan	Labout
		that at do to the her	.K.E sonos	Degrad
	The second second			

Conception seast project Lorenzy Aftery Disease introped la contrat & 10:10:00 والماليف الم

O 48 Ali 18 Ships Mi I seek to me to make the

Mary Didate of . orgal

+3)+1,1

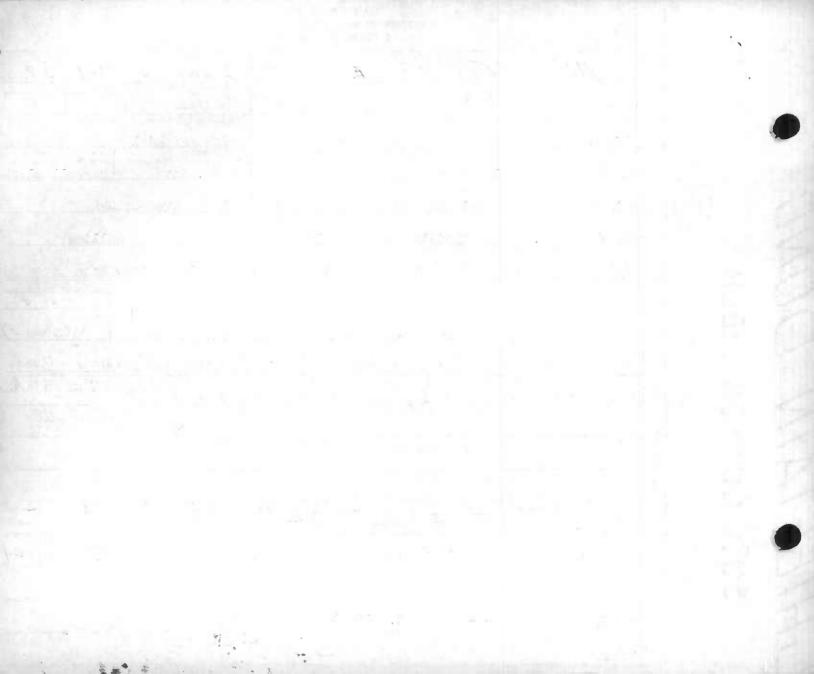
COOP ALLES AVE. COOP

openion and the sould be sould be sould be

en como la completa de la completa del completa de la completa del completa de la completa del completa de la completa del completa de la completa del completa del completa del completa de la completa de la completa del complet CONTRACTOR OF THE PROPERTY OF rein . T. d. Lien Farra , ea rul dan Brownia da. derivation of the main that the materials and the materials

FE A 427 MEN TO THE SECOND TO SECOND THE SECOND TO SECOND THE SECO 1286 ..., 1936 177 milder best to the distribution of the state endro aud no partir de la companya de la auditaria de la companya de la comp and the second of the second reign, light of the state of th La Louis de la company de la c

	1	1						STAT	E OF MARYLAND		62	(3)	11 2	
./			1 -	FOR STATE			DEP		EALTH AND MENT		ENE O	6.3	W 2.0	
X	,			REGISTRAR						ın	REG. N			
X.	. m.e		I. DEC	CEASED NAME OR PRINT)	FIRST	P. T	MIDDLE	- 61	AST . // G	14	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
6	page 3			111.	K4	CAIR	ERIN	VE MI	RC-11110	17	Jan.	6	1984	3 P. M.
	mo)	- 1	3 SEX		/	4 RACE		5. DATE C			6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	ctor s off	1		emole		whit	e	Jan	30 303	YEAR	66	YRS	MONTHS DAYS	HOURS MIN.
	Pog dire	1/1	7a. 81	RTHPLACE ISTATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUN	ITRY? 8.			9 BALTIMORE CITY			-
	ath.	41		DUNTRY	Da	TTO	Δ.		D NEVER MARR		0			
	thin the	-		ashington		US.		URSING HOME O	D DIVORC		Anne Ar		125 KIND C	MD. OF BUSINESS OR
	offe d w	1//						STREET ADDRESS		1	(TYPE OF WORK FOR MOST		(IFE) INDUSTRY	
201	urs Plant	1/2		OSE Haven	INC HOME OF		y Aven				PG Co. Go	<u>V</u>	payro	oll clerk
21	d B	/A)	13a. S	TATE	13b COUP	VIY	13c. CITY OR	TOWN	134. INSIDE CITY LI	IMITS?	13e STREET ADDRESS			
AN	2 = 2		_	aryland	Anne	Arunde	Rose	Haven	YES NO	MR 701	Albany A	venue	20714	
RYL	th the	16	14. FA	THER'S NAME		MIDOLE	LAS	т	15. MOTHER'S MA	IDEN NAM	MIDDLE		LAS	T
WA	pa du	17/11	R	avmond	E.		Daniel	S	Julia				Collins	
m,	d co	1		AS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDF	RESS		
WO	Poges		,,,	NO		JA	578-3	1466-2	Patricia	Rice	e alba	nv Av	e. Rose	Haven Md
ALT	icate b hysicia popers.	/		18 CAUSE OF DEAT		7	line for (o), (b), and (c).)						MATE INTERVAL ONSET AND DEATH
60	phy:			PART I, DEATH W	AS CAUSE	D BY:	hund	ressed &	wellen D	Seath	-cardo	Rulm		umos
IS N	cert ling irbai	2		4148	IMMEDIA						An	rest	- 1	
0	deoth ottendi ave car fian, a			Conditions, if any,	le i a le	DUE TO, O	RAS A CONS	SEQUENCE OF	1000000	000	nchen	de.	u	enno (2)
SE SE	e of			gove rise to imn	nediote	(6)			10 000	Nav	2000	- (1	1 0	
*	that the by the base real, crear			couse (a), statin underlying couse		DUE TO, O		SEQUENCE OF	Leaves for	alle	Cardena		Draw	Maria
301	ed to			PART 2. OTHER SIGN	LIFEC AND T	(c)_C	Xten		101 101 000		20000	- we	A LIGHT	-
os,	sign ben ro bu	2	z	- ^ ^		0	PAILIBRING	S TO DEATH BUT			NAL DISEASE OR COM	CU	PART IN PART	8 and Failer
Ö	ior ior	1	CERTIFICATION	190 DATE OF OPERAL	tolle	- 4	TION FOR W	HICH OPERATIO		2cot(M	20a AUTOPSY?	di	ES, WERE FINDIN	ICC HEED
REC	no low last b	d	FIC	THE DATE OF OPERA	11014	170. COND	IIIOITTOK W	THETTOPERATIO	WAS FERFORMED	-	1	IN CERT	TIFYING CAUSES	OF DEATH?
TAL	The sign of the	4	RT	21a. ACCIDENT WAS UND	enivino F	7 216 TIME O	F IA L IL IDV		Tax trong by the		YES NO		YES [№ □
2				OR CONTRIBUTING	_			DAY YEAR	ZIE HOW INJURY	OCCURRE	D (ENTER NATURE OF INJ	JRY IN ITEM 18	3, PART 1 OR PART 2)	
ON	SK SK Cer Cer Cer Trio Trio Trio Trio Trio Trio Trio Tri		CA	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P.,		19						
S	PHY tendi		MEDICAL	214. INJURY OCCURE		21e, PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, O	FFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
NOISINI	offer of the state		-	AT WORK AT WO	RK									
	NDII NDII NSe A			22a I certify that (I)		Contraction.	-	rom	July 19	, 78	_, to	0	. 19 09 ,	that (1) () lost
	Pite pito far of far			sow the decease above, (I) (we) to	d alive on	t) view the body	after death.	19-89-,01	nd that in (my) (sort	opinion d	eoth occurred on the o	date and he	our and from the	couses stated
	OR A he hos DIRE oched			226. SIGNATURE	0	0	CV		DEGREE				22c. DATE	SIGNED
	the the letoc			(yer	ald	V J.	ster	mer +		ICIAN X	MEDICAL STA		Jar	. 6 1984
	HOSPITAL ined by th FUNERAL old be detected by the State of the State	1		224 PHYSICIAN'S NA	ME (TYPE O	R PRINT)			22e ADDRESS		200	2 20	-	
				Gero	19 3	P Sten	7290		Owis	005	MD S	200	36	
	Sho Sho		23a B	URIAL, CREMATION,	REMOVAL	23h. DATE		23¢ NAME OF C	EMETERY OR CREM	ATORY	236 LOCATION			
			(§	peceryinal		1-9-	84	Mt. Oli			WCODIN	Ston	COUNTY	STATE
	DHMH-16 60M 1/73	ŀ		NERAL DIRECTOR	-		11	OI	1)/00	250/0 ALE			SHRAR'S SIGNAT	URE
	(VR A 15 (4))		4	(Dunc)	140	urcor	1100	the	mo-	BLILL.	- mino. 0			



6	FOR STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	00206
	I. DECEASED NAME AKAINT	MARGARET CERELI	A MEYERS	20 DATE OF DEATH MONTH	4 YEAR 26 HOUR 454PM
X	3. SEX Female	White	5. DATE OF BIRTH MONTH DAY VERB 14 08	6 AGE (IN YEARS LAST BIRTHDAY) 7 5 YR	
3	Maryland		8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Arunde	1 MD.
	Annapolis	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD Anne Arundel A	Annapolis Gen.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOSP. Comp. O	p. 12b. KIND OF BUSINESS OR INDUSTRY Mont. Ward
35	USUAL RESIDENCE (IF NURS) 130 STATE Maryland	UNITY 13 ITUTION GIVE RESIDENCE BEFORE A 13 C. CITY OR TOWN Baltimo	ore YES NO		on Ave. 21224
300	Feederick	C. Weiss,		MIDDLE	Vendouern
2 medico	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	CIVE WAR OR DATEST	17 INFORMANT 5243 Philip F.		Md. 21403 Walnut Dr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
injury, ar ather trauma		DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) IT CONDITIONS CONTRIBUTING TO DE	ACE OF CHILD	MINAL DISEASE OR CONDITION	GIVEN IN PART Tra
Dows ony	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b CONDITION FOR WHICH C		YES NO NO IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
Hem 18 s	OR CONTRIBUTING CALLER OF	DEATH HOUR A.M. MONTH DAY	YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
orked or	(IF EITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21 e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FAF	21! LOCATION STREET	CITY OR TOWN	COUNTY STATE
f them 21 is me	saw the deceased alive above, it over this is did the SIGNATURE	not view the body after death.		n death accurred an the date and	
MPORTANT	ROBERT BY 234 MHYSKIAN'S PLAME IT	Low	ADDRESS ADDRESS	DIRECTOR PHYSICIAN	1-16-84
_	230. BURIAN CREMATION, REMOVE BURIAL	Jan.19,1984 Ba		Baltimore	country Md .
1/B2		renburg funeral Rd., Balto., Mo	HOPE , THE.	ATE REC'D, BY REGISTRAR 256, REC	SISTRAR'S SIGNATURE

(VRA 15, 4)

STATE OF COLUMN STATE OF STATE ACCES . W. COLLEGE . R. VEL CON AVE. CLOSE C. Neist, St. Mis Annapelite, MA. 21403 apinoSon5 The state of the s Surjust trumble for the service of t 100 and out of the co., the co., ed. 2127

ETON FUNERAL HOME. GLENBURNIE, MD. 1AN

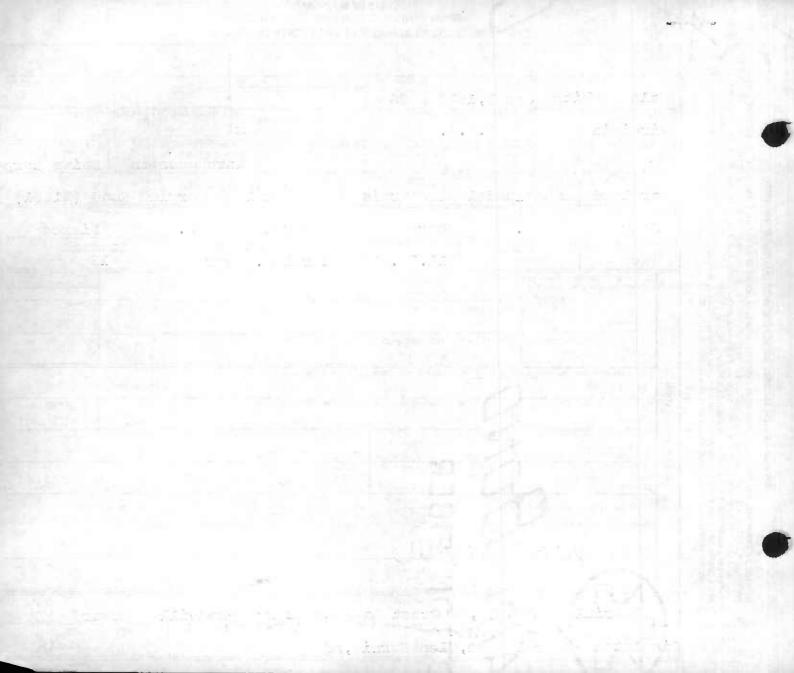
STATE

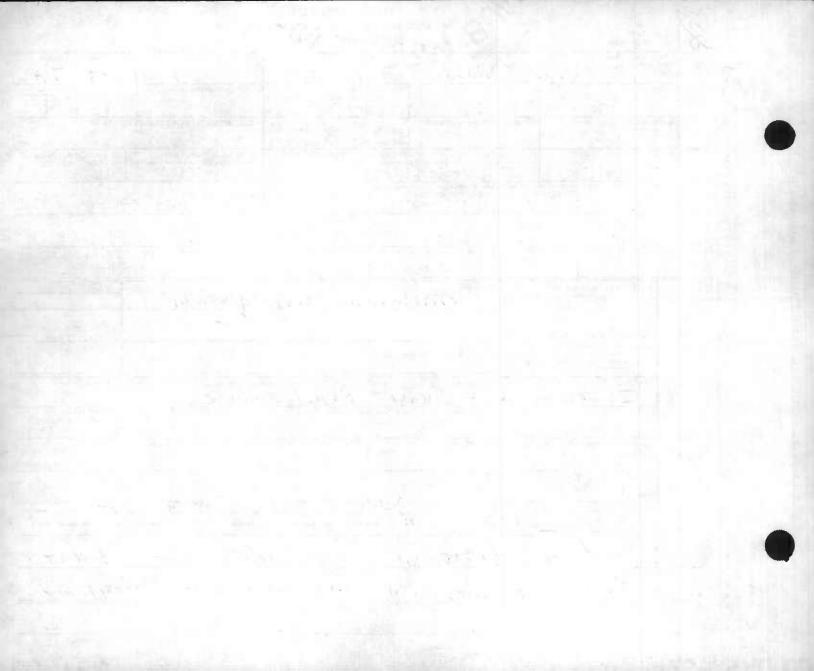
DHMH - 16 50M 4/82

(VRA 15, 4)

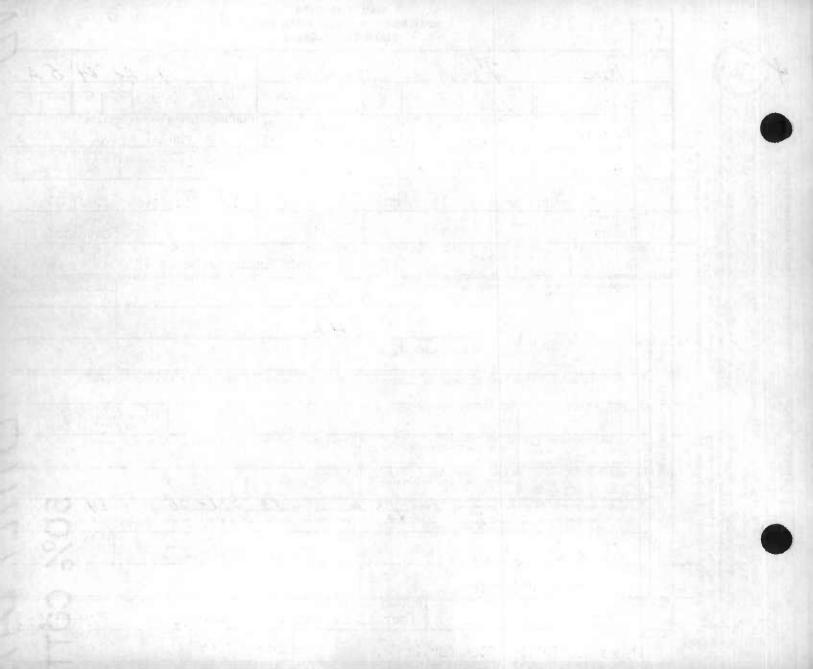
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20M 4/82





(VRA 15, 4)



a 3 m stormware respirance of the state of the 2. Sept. 37 Duriel Met 1,8% Octoor and 34 46 2 Sentence of the sent of the sent of the

TELL SE LYBETTAL WINE WEIGHT COINS Country of the Country of the

STATE REGISTRAR CEASED NAM	F FIRST	WED	MIDDLE	(AMINER'S	CERTIFICA	TE OF DEA	REG. IV		VEAD	26. HOU
		nd	т		Nove follo		CI COIL			20.11001
		S. DATE OF BIRTH	6.	AGE (IN YEARS IF U		INDER 24 HRS.	2c. DATE	_ 1 20		2d HOU
Йe	Whit			38 YRS.	THS DAYS HO	URS MIN.	PRONOUNCED DEAD	1-26	1984	7:56
IRTHPLACE (S	TATE OR	76. CITIZEN OF WH	AT COUNTR	V2 IR	RIED NEVER	MARRIED [9 BALTIMORE CITY	OR COUNTY OF		
arylan										M
len Bur	nie /	North A	runde!	Hospita		FOR	MOST OF WORKING LIFE)		OR INDUSTR	Y
JATE	136. QOUNT	Y	13c CITY OF	R TOWN Burnie	13d. INSIDE CITY LI	MITS? 13e. STR	EET ADDRESS Wilson	Blvd.	(2106	51)
FIRET	E	MIQDLE	_LAS	1					LAST	
					Anna		L.			1165
NAS DECEASE (ES, NO, OR UNKNO VO	D EVER IN U.S. ARM	ED FORCES? /AR OR DATES)								i.
18 CAUSE C	F DEATH (Enter only	DV							APPROXIMATE TWEEN ONSET	
00		E CAUSE (a) SU			orrhage					
Canditio	ins, if any, which	DUE TO, OR	AS A CONSE	QUENCE OF						
		DUE TO OR	AS A CONSE	QUENCE OF						
		(6)		doctives of						
PART 2 OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH 8	UT NOT RELATED	TO THE TERMINAL DISEA	SE OR CONDITION GIVE	EN IN PART 1 a				
190 DATE OF	OPERATION	196 CONDIT	ION FOR WH	HICH OPERATION V	VAS PERFORMED)?		20	AUTOPSY?	
1									YES XX	NO 🗌
				AY YEAD 21c H	IOW INJURY OC	CURRED LENTER	NATURE OF INJURY IN ITEM 1:	8 PART I OR PART 2)		
		EATH 7:39M.	1/26	1984 51	Ψ.	truck o	n head ?			
		STREET, FACTO	ORY, FARM, ETC.1		STREET	. 33	CITY OR TOWN	COUNTY		STATE
AT WORK	AT WORK	Pione	er Clu			y. Gle	n Burnie,			
220 I cert			ribed abave	held an Auto	psy X, Ins	spection ,	Inquiry . o	and in my opinion		
deoth result	red from: A Noture	ol-ecourses XXI,	Accident	, Suicide	, Hamicide	Undet	ermined monner			
		- M	[]/-	10:	TITLE (SPEC			DATE	1 07	0.4
ACTUAL	Alova	o to A	o Ulas					DAIL		X/I
	May	atelan	e The	1	A.D. <u>ASSIS</u>	tant MED	ICAL EXAMINER	SIGNED	1-27-	04
ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI		rita A. K		M.D.	ADDRESS	111 Pe	nn Street	SIGNED	1-2/-	04
ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	NAME Marga		23c. NA	M.D.	ADDRESSOR CREMATORY	111 Pe	nn Street	SIGNED	STA	ATE.
ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI SURIAL, CREMA SURIAL SURIAL EUNERAL DIREC	TION, REMOVAL 23	1/30/84	23c. NA. Gle	M.D. ME OF CEMETERY O n Haven	address DR CREMATORY Memori	lll Pe	nn Street	SIGNED	st/	
300	BERTHPLACE (SOREIGN COUNTRY) ATYLAN ITY OR TOWN IEN BUT AL RESIDENCE STATE ATHER'S NAM FRST FRST TONG AL RESIDENCE ATHER'S NAM FRST AL RESIDENCE ATHER'S NAM FRST TONG AL RESIDENCE TONG TONG ATHER'S NAM FRST TONG AL RESIDENCE TONG TONG	Raymo 4 RACE White BIRTHPLACE (STATE OR STATE OREIGN COUNTRY) ATYLAND ALRESIDENCE (IF IN NURSING HOME OF STATE ALRESIDENCE (IF IN NURSING HOME OF ITALE ITAL	RAYMOND A RACE White 12 2 1 SIRTHPLACE (STATE OR ORE ORD COUNTRY) ATYLAND ALRESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE FAILS) ALRESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE FAILS) ALRESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE FAILS) ALRESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE FAILS) ATHER'S NAME FIRST AND LE ATHER'S NAME FIRST AND LE ATHER'S NAME FIRST AND LE AND	Raymond I. RACE White I. RACE White I. RACE White I. RACE White I. RACE White I. RACE White I. RACE White I. RACE White I. RACE White I. RACE White II. RACE White II. RAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREET NOTH III. RAME OF HOSPITAL, NURSI	RAYMOND I. RACE White I. RACE White I. DATE OF BIRTH DAY YEAR SLAST BIRTHOAY 38 YRS. IIF UMON IIV OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH Arunde III. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH Arunde III. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH Arunde III. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH Arunde III. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH Arunde III. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH Arunde III. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH Arunde III. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH Arunde III. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH Arunde III. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH Arunde III. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH Arunde III. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) III. LEAD TO RESIDENCE BEFORE ADMISSION III. LEAD TO RESIDENCE	RAYMOND L. RAYBELL PLANE STATE OF BIRTH MONTH 12 2 1945 38 YRS. RETHPLACE (STATE OR DAYS) HO RETHPLACE (STATE OR DAYS) HO RAYLAND LAST BIRTHDAY 38 YRS. RARRIED DEVER WIDOWED D RAYLAND LAST BIRTHDAY BAY BIRTHDAY WIDOWED D RAYLAND LAST BIRTHDAY BAY BIRTHDAY BAY BAY BIRTHDAY BAY BAY BAY BAY BAY BAY BAY BAY BAY B	RAYMOND I. NORFOLK White SDATE OF BIRTH MONTH DAY YEAR SAGE IN YEARS SHOUNDER 24 HRS. IRTHPLACE (STATE OR OREON COUNTRY) INTERPLACE (STATE OR ORE ORE ORE ORE ORE ORE ORE ORE OR OR OTHER INSTITUTION COUNTRY) INTERPLACE (STATE OR OR OR OR OR OR OR OTHER OR OTHER OR OTHER OR OTHER OR OR OTHER OR OTHER OR OR OTHER OTHER OR OTHE	RAYMOND L. NOrfolk DATE MATED A. RACE S. DATE OF BIRTH A. AGE IN YEAR FUNDER 17R. IF UNDER 24 HRS. 2c. DATE DEATH MATED DEATH	Raymond L. Norfolk Raymond L. Norfolk Death Mated 1-26	Raymond L. Norfolk Raymond L. Norfolk Death Maried 1-26 19 84

. Tournames termesta (100/5) Avis seek) from electric mela Months and the second s THE RESIDENCE OF STREET, AND STREET, S

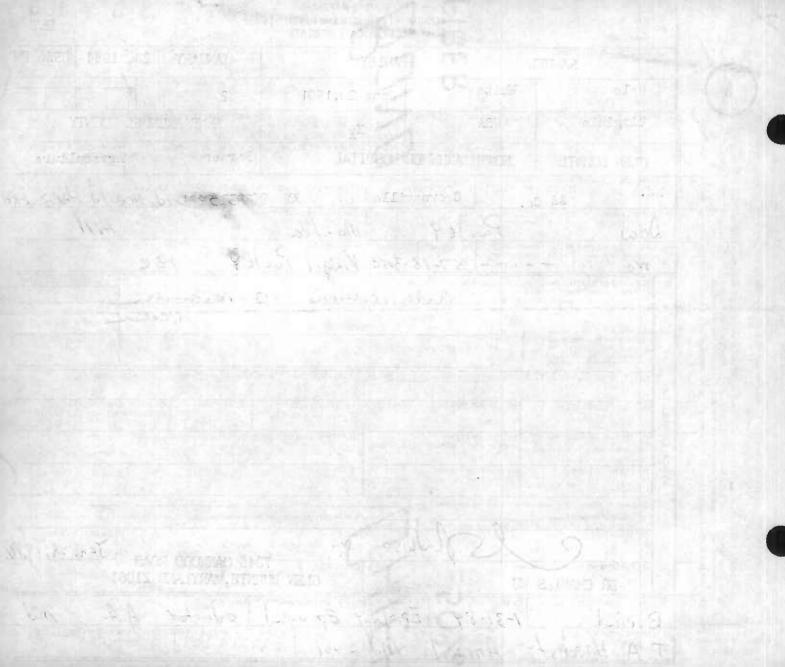
NOW TO AN AND THE RESERVE AND TO A TOPPE TO DEFENDED BEST BEST BURNE OF AUCH A THE SE AND

1	-	FOR STATE REGISTRAR		DEPAR	TMENT OF	TE OF MARYLA HEALTH AND N FICATE OF D	NENTAL HYG	IENE O G	0.	0 2	1 5
		ASED NAME	FIRST	WIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	TYPE O	R PRINCE)	Paul	Eter	Pat	elis		19 Jan 8	4		0200
3.	SEX			4. RACE	5. DATE	OF BIRTH	YEAR	6. AGE (IN YEARS LAST BI		MONTHS DAYS	IF UNDER 24 HE
1	M	lale		Caucasian		ar 25	1933	50	YRS.		
	en	HPLACE (STATE	ia	76. CITIZEN OF WHAT COUNTR USA	MARRI		ORCED	9. BALTIMORE CITY S	del C	o.	
1	Ft	Meade,	Md	III. NAME OF HOSPITAL, NUR	FMY Ho	spltal	ITUTION	(TYPE OF SOLID MOST	ON F WORKING LIF	126. KIND O INDUSTRY	Army F
) Vis	SUAL Bo. ST	RESIDENCE (IFN	136 COUL A.A.		ORE ADMISSION		TY LIMITS?	130. STREET ADDRESS 6926 GOL	Cour	se201	155
26"	FAT	Christos	5	MIDDLE Pate	lis	15 MOTHER'S		Louis		Phili's	lps
8 16	a W	AS DECEASED EV	ER IN U.S. AR			17. INFORMAL		ADDR			
	1	es	Kor	ea 202-24-	2040	Bert	ha Pat	elis,6926 (olf C		
event, the		B CAUSE OF DE PART I. DEATH	ATH (Enter or I WAS CAUSE	nly one couse per line for (o), (b), ED BY: TE CAUSE (o) Cardlop	ond (c).) u [mona	ry arres	s†		E.E.	15 Mi	MATE INTERVAL ONSET AND DEA
		5715 Conditions, if o	iny, which	DUE TO, OR AS A CONSECUTION GASTON	DUENCE OF testin	ai hemor	rhage			15 MI	n
		gave rise to cause (a), sto underlying co	oting the	DUE TO, OR AS A CONSECUTION (c) CIrrhos i	DUENCE OF	he liver				18 m	ONTI/S
3		PART 2. OTHER S	IGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BU	T NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 10	>
	CERTIFICATION	90. DATE OF OPE	RATION	196. CONDITION FOR WHI	CH OPERATIO	ON WAS PERFOR	RMED	YES NO	IN CERTIF	S, WERE FINDIN FYING CAUSES ES	OF DEATH?
		OR CONTRIBUTING (CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW IN.	JURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18. F	PART 1 OR PART 2)	
1037		WHILE NO	WHILE WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFH	IE, FARM, ETC)	211. LOCATIO STREET	N	CITY OR TO	IWN	COUNTY	STATE
				of the deceased from the decea		DEGREE		, to 9 12 death accurred on the c MEDICAL STA DIRECTOR PHYSI	ate and hou		
1	1	22d. PHYSICIAN'S	NAME (TYPE	OR PRINT)	/.	220 ADDRESS		DIRECTOR PHYSI	IAN [1/7 /	Mc Mc
1				ers, CPT, MC		Kimbr	rough A	rmy Commun	ty Ho	snital	Ft Mes
23	3a. BL (5	IRIAL, CREMATIC	N REMOVAL		Arlin	CEMETERY OR C		23d LOCATION CITY OR TOWN Arlingt			
² Har	d e	NERAL DIRECTOR	neral	Home ADDRES	s Annaj	polis,	Md - JA	N 24 984			

020		1 [stella .	Tuell	
		= 1 = 7		164.0	.el./
	Anne Irlindet	W.			
	rollice	Isái	Morough Army liss		
ean	100 2 2 m		Y SEAR		1.7
		r ir	ailersi		init
Coords, Heli	tion out eller	7	DAME.		
mi el-		7 ·	rinlr		
missi		77 - [softent har e		
		7.11	ier mi		
					011
	and the			L =1	
	×				
	a chim a Chan	a i	1 Carlos	7	

1		FOR STATE REGISTRAR EASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO		EST T25 HOUR
1		OR PRINT) SAMUE	L	PAULEY	JANUARY	28, 1984	'0536 PM
(3. SEX	Male	4. RACE White	S. DATE OF BIRTH JULY 20,1901 YEAR	6. AGE (IN YEARS LAST BIRT	THDAY) # UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
183	1	RTHPLACE 151 A E OR FOREIGN	76 CITIZENSA WHAT COUNTRY	WIDOWED A DIVORCED		RUNDEL COUNT	MD.
4	1	GLEN BURNIE	"NORTH ARUNDE		120 USUAL OCCUPATION MOST O		of BUSINESS OR
35	134	AA (NOTHER INSTITUTION, GIVE RESIDENCE BEFORMS 13c. CITY OR TO COMMS	ville YES NOW	130 STREET ADDRESS / 25 3 0	IN HERALT	HARBOVEK
John 2 s	1	THER'S NAME FIRST	MIDDLE Paule 4	MATINAL MAIDEN NA	WIDDIE	Hill	/
Poger medico			RMED FORCES? 16b. SOCIAL SEC VE WAR OR DATES) 357-/8	1.1	le Y	13e	
supractory in continuing physical deep please remove coronal properties of buriel, cremotion, or remove ijury, or other troumotic event,	N	Conditions, if ony, which gove rise to immediate couse lo1, stofing the underlying couse lost.	DUE TO, OR AS A CONSEOU	enias directic C		icease	IMATE INTERVAL ONSET AND DEATH
permit. The ene prior the	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES	
rriol-fronsi entol Hygi ili m 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR 19	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART T OR PART 2)	
rk-E	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CATY OR TO	OUNTY COUNTY	STATE
4 5		sow the deceased alive or	ital) attended the deceased from 19,01) view the pody after de 19	, 19, ond that in (my) (our) opinion	, to, to		
ould be deforted for use the key of the Stote Dept. of Hee PORTANT: If them 21 is n		27b. SIGNATURE	S W	L WO MY ATTENDING	MEDICAL STAF	Jan Jan	. 29,18

CTATE OF MADVIAND



FOR

- STATE

9. BALTIMORE CITY OR COUNTY OF DEATH HRUNDEL GUNTY 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOME HOMEMAKER BERRYWOOD FISHER ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1B PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (our) apinion death occurred and the date and hour and from the causes stated 22c. DAILE SIGNED STAFF DIRECTOR PHYSICIAN WESTVEIW CREMATORY JAN. 26, 1984 WESTVEIN DALTIMORE 24. FUNERAL DIRECTOR BARRANCO TUNERAL SEVERNIA PARKIMD (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

IF LINDER 24 MP

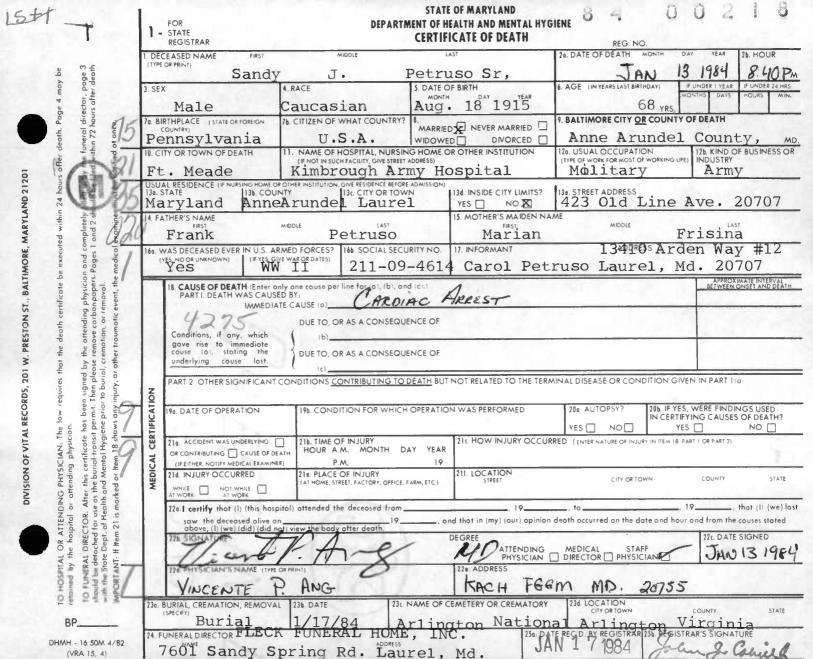
25,1984

IF LINDER I YEAR

DAYS

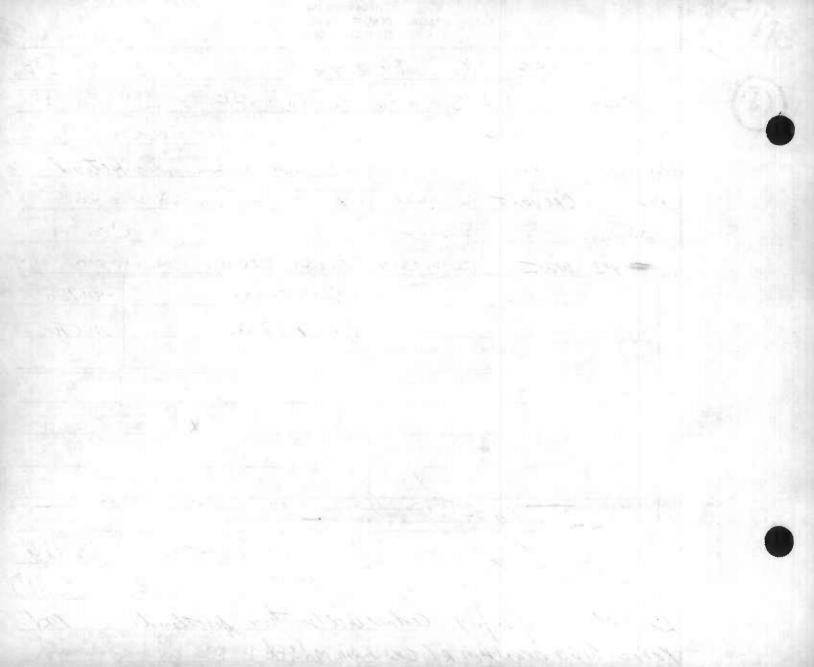
DHMH - 16 50M 4/B2

Hoste Heranthera County Chekomin I. I. Ilain Mangalet America Machany at a monater Mile Elle Miller Bill for & Chief Marine Same Same Street

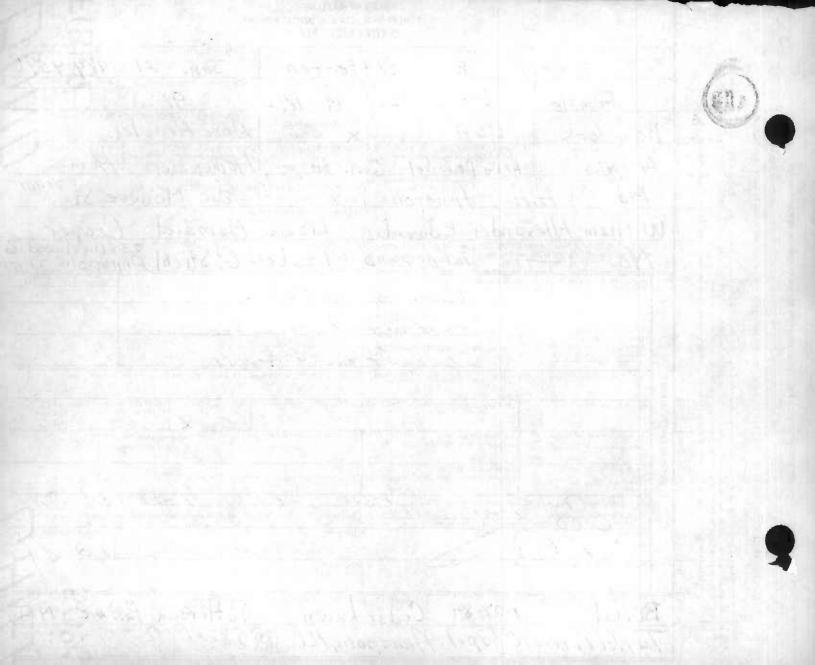


STATE STATE Present the or barres and TACH THE I HOW

10	J.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		0 4 1 7	
8 9.5		CEASED NAME FIRST	MIDOLE	PORTER	REG. NO. 2e. DATE OF DEATH MONTH DAY	YEAR 26. HOUR 38	
(M)	3 SE		RACE CAUS.	S DATE OF BIRTH MONTH DAY YEAR OLO OXO 95		UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.	
52	Al	exandria, Indiana	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF ARUN	DEL CO MD.	
ours after the filed with	Ec	penater	TEASANT LIVING	Convelescent Center	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE COVERNMENT	12b. KIND OF BUSINESS OR INDUSTRY	
thin 24 he uild be filled in	13a.	AL RESIDENCE (IF NURSING HOME ORD STATE 133, COUNT CACU	VIER INSTITUTION GIVE RESIDENCE BEFORE 136. CITY OR TOW Herting to	N 134 INSIDE CITY LIMITS?	Box 266 Wilso	N Rd 20634	
E, MARYI	7	ATHER'S NAME FIRST MI MI MAS DECEASED EVER IN U.S. ARM	Porte	IS MOTHER'S MAIDEN NA	ADDRESS	Carver	
ate be exection and of sign an		YES, NO OR UNKNOWN] I IF YES, GIVE V	VAR OR DATES	odda Joseph B	Bauer Hun-	100	
ng physic on papers r remova		PART I. DEATH WAS CAUSED		INANITI	on	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WRO	
w. PRESTON s that the death by the attendir se remove carbo al, cremation, or		Conditions, if ony, which gove rise to immediate couse 101, storling the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	VEners	Tia	mits	
aw requires een signed I Then pleas or to burial any injury,	N N	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	LINAL DISEASE OR CONDITION GIVEN	N IN PART 1(o)	
V: The land the has be permit. I liene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO		
ISSON OF VITAL R		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	216. TIME OF INJURY HOUR A.M. MONTH DA	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18, PART	ET OR PART 2)	
The state of the s	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.] 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
ATTEN ital or a ECTOR or use of Heal		17s I certify that (II. (In) happing saw that deceased alve on above, (I) (wa) (Index) d-d not	424 12	THE STAND	to 127 . 19 death occurred on the date and hour a	and from the couses stated	
TO HOSPITAL CR AT retained by the hospital TO FUNERAL DIRECT should be detached for with the State Dept. of IMPORTANT: If I tem 2		224 PHYSICIAN MAME THE ST	Deed	ATTENDING PHYSICIAN PARTIES	MEDICAL STAFF DIRECTOR PHYSICIAN	1 27/84	
TO HOSP retained b	23a	BURIAL, CREMATION, REMOVAL	Lofue M	NAME OF CEMETERY OR CREMATORY	ST ANNO	DOUS,MI)	
BP	1	Surval UNERAL DIRECTOR	1/30/84 a	dar Bel Cometo.	Le Suttland	OUNTY STATE STATE	
DHMH-16 25M (VRA 15, 4) 1/79	1	alas 6160 C	XONHIII Rd.	OXON AIN, MA FEE	1 1984 John	I Comely	

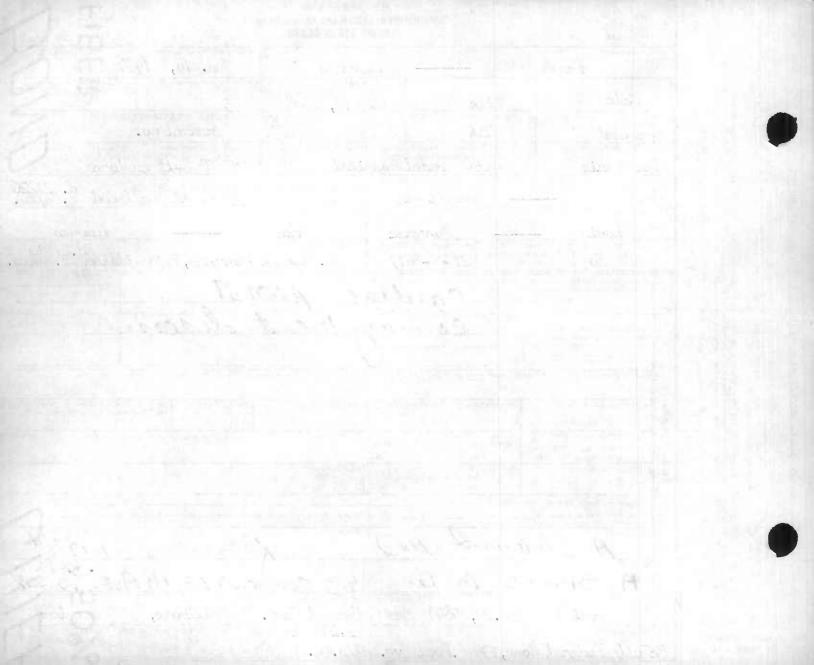


5	5	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	10220
*	ATT.		CEASED NAME FIRST	MIDDLE	Potter to	Jan. 2	DAY YEAR 26. HOUR 459P
1	(en	3. SE	Formula	1 RACE White	5. DATE OF BIRTH MONTH DAY YEAR AUG 19 1892	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS M.IN.
	19		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
offer de	y the funced within	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH ACILITY, GIVE STREET	WIDOWED DIVORCED DIVORCED AND HOME OR OTHER INSTITUTION ADDRESS)	128 USUAL OCCUPATION IT PE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
1D 2120	ed in b	USU 13a	AL RESIDENCE (IF NURSING HOME OR	13 GITY OR TOV	13d INSIDE CITY LIMITS?	136.STREET ADDRESS ZIP CO	21/10-
ARYLAN within 2	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	14. F/	THER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NA	AME MIDDLE 1	O LAST
MORE, M	Poges I ond		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECTION 151-03-		11. / 1 2	235 Westwood Rd
BALTIA	physician anpopers. P emoval.		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per line for joi, (b), or		Th G, 3770h)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TON ST.	ottending p nove corbons otton, or rem troumotic eve		2765	DUE TO, OR AS A CONSEQU	ENCE OF	<i>Je</i>	
W. PREST	the re-		Conditions, if ony, which gove rise to immediate couse tot, stating the underlying couse lost	DUE TO, OR AS A CONSEQU	ENCE OF	ocuso.	
DS, 201 V	n signed by Then please to buriol, c injury, or off	z		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION C	GIVEN IN PART 110
A RECORI	ony orio	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 PHYSICIAN: The low requires that the death certificate be executed within 24 hours	S S S E S		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM T	8 PART OR PART ?}
IVISION	the bushed on wed or wed or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21E LOCATION STREET	CITY OR TOWN	COUNTY STATE
TIEND!	TOR: for us of He			tol) ottended the deceased from.	, and that in (my) (our) opinion	death occurred on the date and h	our and from the couses stated
O A S	the host AL DIREC etoched te Dept.		22b SIGNATURE	The soay one decim	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
HOSP	TO FUNERAL I should be deto with the Stote I IMPORTANT: If		228. PHYSICIAN'S NAME (TYPE O	OR PRIMIT	22e ADDRESS		
₽ 	€ 5 € ₹ ₹ 	1 7	BURIAL, CREMATION, REMOVAL	1-22-84 1	NAME OF CEMPTERY OR CREMATORY	20 OCATION CONDITIONN 2 TIENSON	PASSAIC 14.J.
	H - 16 50M 4/83 VRA 15, 4)		ZYTON FUNERA	1 Chapel 19		TE RECD BY REGISTRAR 256 TO	ISTRAR'S SIGNATURE



WILLIAM IN THE TOWN TO CO - 03-84 9050 Bullet and the life had been a

P	1-	FOR STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE BREG. NO	0 0	2 2 2
		CEASED NAME FIRST	MIDDLE	_	LAST	Za. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
noy be poge 3	,,,,,	Frank		Pi	wvenza	Jan. 16	, 1984	М
a de de	3. SE)		4. RACE	5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	TYEAR IF UNDER 24 HRS
4 of o	1	Male	White	Tu	Lu 10. 1908	75	YRS.	
a 12 pr	To. BI	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRI	D NEVER MARRIED	9. BALTIMORE CITY O	1 0	ATH
100	M	anuland	USA	WIDOW	ED DIVORCED	Arunde	1 (0.	MD.
offer o	/	en Burnie	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE) North Arunde	T ADDRESS)		TIZE. USUAL OCCUPATION OF WORK FOR MOST OF		KIND OF BUSINESS OR USTRY
2 2 a a a a a a a a a a a a a a a a a a	USU	AL RESIDENCE (IF NURSING HOTATE	ER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION		STREET ADDRESS	7 7	MJ 21276
24 E		aruland	136. CITY OR TO		YES TO NO CO	13e.STREET ADDRESS /		od Rd. Balto.
di di	14 FA	THER'S NAME			15. MOTHER'S MAIDEN NA			
ad a plant	1	Louis -	MIDDLE Prove	n.za	Rosa	WIDDLE		Tamburo
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysicion and campletely filled in opers. Page vol. it, the medica		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	SS	M-21230
Mo e e e e x		(IF YES, GIV	21836-8	617	Mr. Vincent	Provenza, 1	538 Will	iam St. Balto.
ALT sicion pers. ol.		18. CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), a	nd (c),1			a	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
T., B tifica phy npa mav vent		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (b)	die	ae AN	rest:		
ding orbo		4149	DUE TO, OR AS A CONSEO	JENCE OF	4/	1 1		
RESTON death ce nave corb notion, or a		Conditions, if any, which	((b) CA20	na	x Hear	cles	case	
the critical eritical		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	JENCE OF				
by the second of		underlying couse lost	(c)		/			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN. The law requires that the death certific attending physician. Wher this certificate has been signed by the attending phase the burial strains permit. Then please remove corbans than and Mental Hygiene prior to burial, cremation, or removed of them 18 shows only injury, or other troumatic even orked of them 18 shows only injury, or other troumatic even	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN F	PART No
been mit. I	CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
TALRE TALRE la the la sit pertingiene E shows	FE					YES NO	YES	AUSES OF DEATH?
NITA Nysicio Cote Pygiid B sho	CER	210. ACCIDENT WAS UNDERLYING	THE PARTY OF THE P	NAV VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR	PART 2)
SICIATION OF NOTICE OF SICIATION OF SICIATIO		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR				
PHYSICIAN: PHYSICIAN: this certifico te burial-tro- ind Mental H; d of [ferm 18]	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION STREET	CITY OR TO	wn col	UNIY STATE
DING PH or attenth After the se os the alth and morked e	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, PARM, ETC.]	JINEE			
ENDIN roll or ruse o Health		22a.1 certify that (1) (this haspi	tal) attended the deceased fram		. 19	, to	. 19	, that (It (we) last
F = 2 0 ± ~	. 8	saw the deceased alive on above (1) (we) (did) (did no	t) view the body after death.		nd that in (my) (our) opinion	death occurred on the de	ote and hour and fr	om the couses stated
OR ATTOR HOSPING PORTECT OCHECT FOR DEPT. OF THE PORTECT OCHECT FOR THE PORTECT OCHECT		226. SIGNATURE		.0	DEGREE	,		. DATE SIGNED
HOSPITAL OR ained by the h ould be detoche think State Department.		H SU	auro 11	(0)	ATTENDING PHYSICIAN	MEDICAL STAF		1-17-84
HOSPITAL lined by the EUNERAL wild be detail h the State		224 PHYSICIAN'S NAME (TYPE C	DR PRINT)		22e. ADDRESS		1110	. BA 1+0. M
TO HOSP retained in Should be with the Simple in Medit be		H. Shar	75. M.D	1	14/3 Comi	non WEAL	th HUZ	. 21228
o € o € 3 ₹		BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION	COUN	TV SA & STATE
BP		Burial	Jan. 20, 1984	New (athedral (emt.	Baltimo	re,	Maryland
DHMH - 16 50M 4/83	24 F	JNERAL DIRECTOR	ADDRESS		21230 250. DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S	GNATURE
(VRA 15, 4)	Me	Jully Funeral	Home, 130 E. Fort	Ave. L	Balto. Md. JA	N 2 0 1984	1.	7 25



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

STATE OF MARYLAND

Mc Cully Funeral Home 3204 Mountain Rd. 21122

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0.	
DECEASED NAME FIRST	MIDDLE	LAST O	1	MONTH DAY YEAR	bhimp.
3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	22, 1984 HDAY) IF UNDER LYEA	R IF UNDER 24 HRS
Male	White	Nov. 9, 1902	81	MONTHS DAYS	
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Vinginia	76. CITIZEN OF WHAT COUN'	MARRIED NEVER MARRIED WIDOWED	Anne Anu	rdel (0.	MD
Pasadena		URSING HOME OF OTHER INSTITUTION STREET ADDRESS)	TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTR	of business or
130. STATE 131 CC		lena YES NO NO		aten Rd. 21	1122
John E	Imen Ray	and BESSIE	Catherine	Baxter	AST 2
160. WAS DECEASED EVER IN U.S. WIS, NO OR UNKNOWN) (IF YES.	ARMED FORCES? 16b SOCIAL SOCIA	SECURITY NO. 17 INFORMANT 44-7680 David Rauli	ADDRE	vater Rd. Po	24422
PART 2. OTHER SIGNIFICAN PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	IT CONDITIONS CONTRIBUTING	EQUENCE OF STORE AT BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	DITION GIVEN IN PART	
E PARE OF OTERATION	170 CONDINOISTON WI	THE TERATION WAS TERFORMED	YES NO	IN CERTIFYING CAUSE	
OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOT WHILE OF COURSE OF CO	DEATH HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	JRRED (ENTER NATURE OF INJUI CITY OR TOV		STATE
220.1 certify that (I) (this has sow the deceased alive above, (LI) (we) (did) (did)	ospital) attended the deceased from APPLICE JAN 10. Instrument the body after death.	19 8 , and that in (my) (aur) opinio	on death accurred on the de		13301171
276. SKSNATURE 276. PHYSICIAN'S NAME (TY)	Morgan PE OR PRINT)	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAIL DIRECTOR PHYSIC	FF _ 1/2	E SIGNED
230. BURIAL, CREMATION, REMOV (SPECIFY) Burial 24. FUNERAL DIRECTOR	7AL 23b. DATE 1-26-84	23c. NAME OF CEMETERY OR CREMATOR' Glen Haven Mem. Pak 1250 D	23d. LOCATION CITY OR TOWN ATE REC'D. BY REGISTRAR		state and Md.

MPORTANT: If hem 21 is marked or them 18 shows ony injury, or other troumatic event, the

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

OR ATTENDING PHYSICIAN: The low

TO MOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

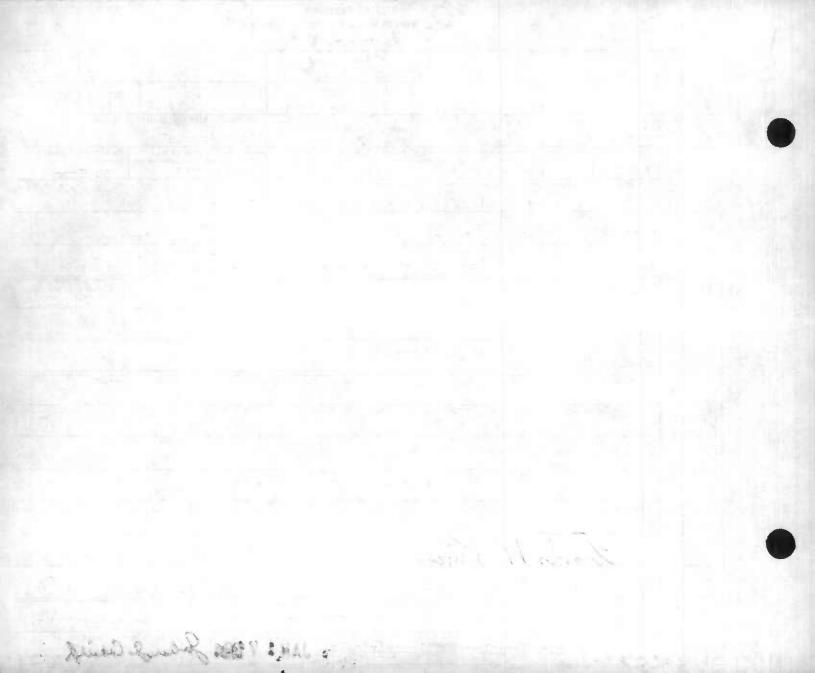
LL TO ENG 1		

1881	(S. gamen)	720,50	N. C.	35	3.57
	You	9, 1102 0	.70	111	le.le
	Lower Course of	X.		1504	
	As brin't				
11-	130000	X	30 100	, e	N N
habasa	Coleans	1512 1CV	Product	41	sulo),
. Park . 27	nd 511 Separator	in in	10-4-78		

Andrea 1-2-3 Serviewed and Les arrie duce dundel. E. . Include la description of the Calles Function of the 2012

				STATE OF MARYLAND	£ 64	0 0 2 2 4
	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTA		0 0 2 24 1
	L	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
m.r		DEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
000		OR NE UI	45	REED		1 19-84 118 "
SER SE	3. SE.	00015	1. RACE BIALK	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	(HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	100	TYTALE	Y		7 76	YRS.
7 bo d		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	D	R COUNTY OF DEATH
deoth.		RYLAND	U.S.A.	WIDOWED DIVORCE	ANNE ARUN	DEL COUNTY MD.
by the fu		IV OR TOWN OF DEATH	ANNE OF HOSPITAL, NURSII ANNE IN ARUNDETE STEEL	NG HOME OR OTHER INSTITUTION OF THE PROPERTY O	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	
non in page	USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE 1136, COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		ITS? 13e.STREET ADDRESS /	ZIP CODE 200
filled nould		ARYLAND A.		YES NO	5434 Sand	
orthic 2 sh	14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAID	EN NAME	LAST
comple 1 ond		CHARLES	REED	MATI		DAVTS
xecut oges 1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	URITY NO. 17. INFORMANT	ADDRE	ss 20711
n ond o	<u>'</u>	(IF YES, GIV	e wan on pares)	GERTRUDE	REED 5434 Sand	s Rd. Lothian. Md.
sicio pers		18 CAUSE OF DEATH (Enter on	nly one couse per line for (a), (b), or	nd (C)	2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physicon phy		PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (o)	es farlow	1	5 to days
nding corbo		1539	DUE TO, OR AS A CONSEQU	ENGLO .	. O ` A	<
deot ove tion.		Conditions, if any, which	((b) ~~	Malale	lives de	Hase
the the emo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSTIQU	DENGE OF		
s that the death ce ad by the ottendin lease remove corb rial, cremation, arr or other troumotic		underlying couse last	(a) pro-	are colon	carinon	\sim
in gangaria	7	PART 2 OTHER SIGNIFICANT (CONDITIONS, CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
requestion or to	CERTIFICATION	A	whall ch	vanually	marke I	in disease
low so be ermit	No.	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The cron.	Ē			To the second	YES NO	YES NO
AN: Th		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH D	PAY YEAR	OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18. PART I OR PART 2)
HYSICIA ding ph is certiff buriol-ti Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
1 C C - M.	l a	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
or offer the cost the cost the cost the cost morked		AT WORK AT WORK		1, 1011	1/10	101/
Heo S			fol) oftended the deceased from.	1/1/09 19	, to	7, 19 , tho (IV) (ve) lost
Sprin ScTC d for n 21		sow the deceased glive on above (fly of (did fidus o	it) view the body after death.		pinion death occurred on the do	ote and hour and from the causes stated
OR A he hos DIREC coched coched bept.		THE SIGNATURE	0	A TTEND	INGA MEDICAL STAF	In DATE SIGNED
RAL RAL NT:		WMU C	assidy	PHYSIC 22e ADDRESS		
HOSPITAL FUNERAL by the Store wild be define the the Store PORTANT:		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	11e ADDRESS	PIA	r. 1 211/0
TO HOSPITAL retoined by th TO FUNERAL should be dete with the Stote	_	WM / Cas	>1/1/	031011	Iva Na A	hnapalls 0140
,	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMA	TORY 23d. LOCATION CITY OF TOWN	COUNTY STATE
BP	_	BURTAL		OSES CEMETERY	Drury	A.A. Waryland
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR AT	nnapolis, Md. 21 SONS MORTUARY,	401	So. DATE REC'D. BY REGISTRAR	256 HEGISTRAR'S SIGNATURE
(VRA 15, 4)		THERE &	BONS MORTUARY,	F.A.	JAN 4 0 1904	in the while





	1-	FOR - STATE REGISTRAR		DEPARTN	LENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	TGIENE S	0	0 2
and the second		CEASED NAME FIRST		MIDDLE	LAS	1		MONTH DA	Y YEAR 2
, be			ene	Res	nolds		January 2	7, 1984	4
y a y	3. SE	X	4 RACE		5. DATE OF		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR II
Poge 4	1	Female	White		Feb.	19, 1899	84	YRS.	MIHS DAYS
35	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	☐ NEVER MARRIED ☐		R COUNTY C	
11/14		altimore Md.			WIDOWED G HOME OR	OTHER INSTITUTION	12g. USUAL OCCUPATION		INTY
by the		asadena	1153	Booth BAy	Harbo	ur 21122	Housewif		INDUSTRY
filled in	13a. S	ALRESIDENCE (IF NURSII) STATE arvland	DUNTY	13c. CITY OR TOWN Baltimo	4 1	3d INSIDE CITY LIMITS?	13e. STREET ADDRESS 5115 Balte	o. Nat	1 Pike
and 2 miner	14. FA	ATHER'S NAME FIRST ATE Sidney Mer	MIDDLE	LAST		S. MOTHER'S MAIDEN N late Dora	I AME MIDDLE	7 1144	LAST
Page The medical	16a. V	VAS DECEASED EVER IN U.S.		166. SOCIAL SECU 214 38 3		17 INFORMANT	ynolds 6603		Catons
ires that the death certify gned by the ottending pl in please remove corbons burial, cremation, or rem ry, or other troumatic eve		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	(b) (b) (c) (c)	DRAS A CONSEQUE ORAS A CONSEQUE ONTRIBUTING TO G	NCFOF OF	rterió Ser	lerosis E	lase Shrin	Aty MARKART 1001
has bent si I permit The	CERTIFICATION	19a. DATE OF OPERATION	196. CONE	MUNICH.	OPERATION	WAS PERFORMED	200 AUTOPSY?		WERE FINDING NG CAUSES OF
ending physici finis ceruficate re b. restronti d. Mental Hyg d on them 18 M	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A	OF INJURY .M. MONTH DA .M. OF INJURY	Y YEAR :	21c. HOW INJURY OCCL	JRRED (ENTER NATURE OF INJUR	y in item 18 par	T 1 OR PART 2)
After IIII	ME	WHILE NOT WHILE AT WORK		TREET, FACTORY, OFFICE, FA		STREET	CITY OR TOV	VII	COUNTY
hospital or IRECTOR: A thed for use tept, of Heal them 21 is m		220.1 certify that (I) (this has saw the deceased abve above, (I) (we) (did) (did 17th SIGNATURE	on 1710	10 50	1	that in (my) (our) apinio	n death accurred on the do	re and hour o	
by the	Ĥ	22d PHÝSIČIAN'S NAME (TÝ	PE OR INSTITUTE	Bryson	2 11	ATTENDING	AEDICAL STAF	F IAN 🗌	22c. DATE SIC
should by with the		WILLIAM	11.	BRYSC	m	5172 U	lestreen ;	Mall	Dallo.

73% DATE

Burial

CREMATION, REMOVAL

23a, BURIAL,

(SPECIFY)

24 FUNERAL DIRECTOR

Catonsville Md ont AVe 21228 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MART TO S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES 🗌 NO [PART 1 OR PART 2) EQUALITY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING AEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN 1984 Mount Olivet Maryland Baltimore Harry H Witzke 4112 Columbia RD Ellicott City

2b. HOUR

IF UNDER 24 HRS

MD.

21229

12b. KIND OF BUSINESS OR

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

January 27, 1984 11:10AY	Raynolds	909	viA
84	- Teb. 19, 1899	12 1	Faults
tono. Telunal condu	X _X	. /	. HE DEOMESTA
Housevile	h sty Barbour 21122	sool Cal	Pusadenu
Silb Balto, Wat'l Pile 31229	x stordy.	en .	largland
	Lare Dorn	1913	iste fidney Ner
Catemarile Held Marker 11228	38 3173 - Makaca J Terr	214	off

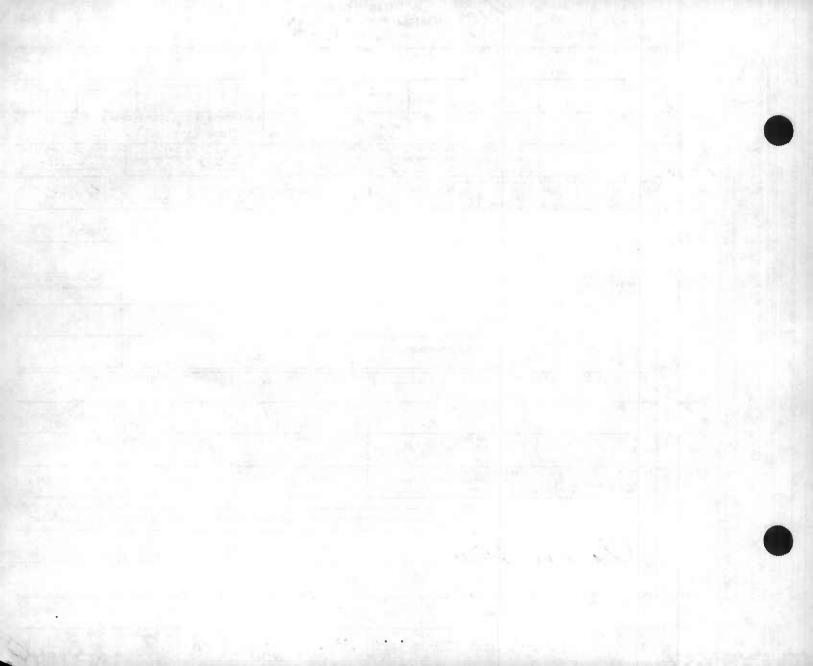
25		1-	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE REG. NO	0 0	2 2 /
36	7		EASED NAME OR PRINT) Nicho	olas Ma	tchell	Riser	Januar		984 0150am
C	Y)	3 SEX	emale	CAUCAS	an S. DATE	H DAY YEAR	6. AGE (IN YEARS LAST BIRTH	YRS.	DAYS HOURS MIN.
earth. Po	H		THPLACE (STATE OR FOREIGN	U.S.A.	COUNTRY? 8 MARRII WIDOW	_	Anne Arund		
on other of	21	10 CI	t. Meade, Md.	11. NAME OF HOSP LIF NOT IN SUCH FACIL KIMDrough	ITAL, NURSING HOME LITY GIVE STREET ADDRESS) Army Commu	or other institution nity Hospital	120 USUAL OCCUPATION OF WORK FOR MOST OF		Service
AND 212 24 hours	135	13g_S	L RESIDENCE (IF NURSING HOME OF ATE 13b. COU	NTX 13c_0	esidence before admission CITY OR TOWN nnapolis	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 1730 Westmo	reland T	
MARYL/ ed within	120	14 FA	THER'S NAME FIRST	WIDDLE MI	tchell	15. MOTHER'S MAIDEN NA	AME	Mei	Donald
The 187	medica		AS DECEASED EVER IN U.S. AL	RMED FORCES? 166 S	5-54-262	George	M. Riser-	Same	
T., BALT	emovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		reumonia			BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
PRESTON 5	thon, or ri coumotic		4349 Conditions, if ony, which	DUE TO, OR AS	CEREBAR	L ISCHEMIC /	WFARCTION		2 WEEKS
× + + ×	ol, cremo		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS	A CONSEQUENCE OF				
RDS, 201	r to buri	NO	PART 2 OTHER SIGNIFICANT ATHEROSC	LEROTICI	HEART D	ISEASE	MINAL DISEASE OR COND		
N RECORDS, be low required on.	Son	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH? NO
OF VITA SICIAN: T ng physici	Mentol Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	URY MONTH DAY YEAR 19	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR F	'ART 2)
DIVISION OF VITAL ING PHYSICIAN: The r otherding physicion the	s the burion ond Mento rked or Hem	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN	JURY CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	'N COU	INTY STATE
DI TTENDIN Sitol or TOR: Afr	of Health		22s. I certify that (I) (XXXX) sow the deceased alive a above, (I) (we) (did) (did in	, 3 JAN 8	4 19 0	nd that in (my) (avm) opinion		19 8	. mor (ii) gregeross
the hosp	te Dept.		226. SIGNATU	nles	/.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	- 6	Jan 84
O HOSPITAL eloined by the	with the Stote		22d PHYSICIAN'S NAME (TYPE Henry Saund		PT MC	22+ ADDRESS			Maryland al, Ft. Meade
0 g 0 -	S W	-	URIAL, CREMATION, REMOVA	L 236. DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	O I COUNT	Y 1STATEN
BP		24 FL	NERAL DIRECTOR	Wan, 6, 19	Adpres	glon National	TE REC'D. BY REGISTRAR		
(VRA 15	. 4)	110	sullar tine	nol ('ha	OPI-HOM	DOLLS HUMAN	0 0 10UT //		

James y 1981 of Same	voals	Midwells Market	1
(a) (a) (b) (a)	HPT of said		o female
inne Arondel Conney	x D	48. H. S. A.	
annaling land	Individed Salmage	Md. Etalyough Very C	it. Made
1.di .tierf bootenmates 0771	5	Amapol I	Mary aland
blanda (1)			
			OFF
The state of the state of the state of			
Ex SS ant)	31 000 35	NA THE NAME OF STREET	
The same of the sa			
Uncyland	A gymardella	Squighors, Mr. CPT, Mr.	Y-roll 3
AV interior setting in All			
		O barrolling	
the state of the s		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon

14	1 -	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYC	REG. NO.	0 0	EST
	1. DE	CEASED NAME FIRST	MI	IDDLE		AST	20 DATE OF DEATH MO	NTH DAY YEAR	2b. HOUR
1 11	(TYPE	PEAR PEAR	I. B		ROBER	TSON	JANUARY	23, 1984	1124 PA
15	3. SE		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	AY) IF UNDER TYEAR	
s off		Female	Whit	e	Sep		83	YRS. DAYS	HOURS MIN.
Poor	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	VHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR C		
0/9 2	1	Alabama	USA		WIDOWE	1.7	ANNE ARI	JNDEL COUNT	TY MD
o po		TY OR TOWN OF DEATH	11. NAME OF H		G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
彭华		GLEN BURNIE	NORTH	ARUNDEL		ITAL	Housewife	DIKING (IN) INDUSTRE	
مر ره ه	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 13b. CO	OR OTHER INSTITUTION, C	SIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	IP CODE	
onlo		Maryland A	A	Glen Bu	rnie	YES NO X	24 Virginia		21061
120	14. F/	N/A	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE MIDDLE	t	Tves
/ edicol	160 \	VAS DECEASED EVER IN U.S.		166 SOCIAL SECU		17. INFORMANT	ADDRESS		
med		YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	214-22-2	810	Betty Law R	ickerds, Same	as 13	
t, the		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per l	ine (6) (a), (b), (b)	dien Z		191 h	APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
e ve			SED BY: ATE CAUSE (a)	DWI	//	WOUNDER	susan 1/2	a MU	W/Des
ding orbo or re price		4140	DUE TO, OR	A CONSEQUE	NCE OF	no Mi	1. 1	11.	
tion,		Canditians, if any, which	(b)	an Miller	171	MUSE	ase	CH	ory
r other tr		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, O	LOWEN TO LE	NCEO	allinia	Edwan	da	20m
to burie	N N	PART 2 OTHER SIGNIFICAN	CONDITION	NTRIBUTING TO	MATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PART 1	len
S ony	CERTIFICATION	196. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	II II	Ob. IF YES, WERE FIND N CERTIFYING CAUSE	ES OF DEATH?
Show	- E	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF	INTITION		Tale HOW IN TURY OCCUR	YES NO	YES	NO 🗌
1 8 A		OR CONTRIBUTING CAUSE OF	HOUR A.M	A. MONTH DA	AY YEAR	THE HOW MAJORI OCCUR	(ENTER NATURE OF INJURY IN	THEM IS PART I ORPART 2)	
Men	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIL 21d. INJURY OCCURRED	21e. PLACE C	OF INJURY		21f LOCATION		70022011	
ked	×	WHILE NOT WHILE AT WORK	(AT HOME, STRE	ET, FACTORY, OFFICE, F	ARM, ETC)	STREET .	CITY DO TOWN	COUNTY	STATE
mor		27s.1 certify, that (I) (this has	pital) attended the	deceosed from	0	, 19_//	10 10	10 d X	that (I) (we) last
of He		sow the deceased alive about 13(we) (did) (did)	note.	Je death.	6-11	nd that in (my) (our) apinian	death occurred an the date	and have and from th	ie couses stated
Hem Hem		22k SUGDYANDS	11	7 dedin.		DEGREE		22c. DAT	TE SIGNED
T: If		188 Va 703	NW	5		ATTENDING PHYSICIAN (PIRECTOR PHYSICIAN	NO / ?	5.40
with the State		TE PHYSICIAN PHAME ITT	CHHINI) 5		22e ADDRESS	25 HOSPITAL D	RIVE	
with the Sta		HTI ADV T	OTTED THE	MA	4.3	CLEN BIR			
5 } ≧	230	BURIAL, CREMATION, REMOV.	AL 73% DATE	23€. №		EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
		Burial	27 Jar	1 84 Me	eadowr	ridge Mem. Par	rk Elkridge	Howard	MD
OM 4/B3		UNERAL DIRECTOR	DWAY DAY	ADDRESS		250 DA	TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGN	ATURE
5, 4)		James S. Kirkl	ey, Glen	Burnie,	MD	JAN	4 1 1984	-ung	

THE VALUE OF THE PARTY OF THE P The state with the second

	,	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	SIENE 8 4 0	0 2 2 9
	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	EST
P-1 5 1		EASED NAME FIRST	MIDDLE	(AST	20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
eo th	(11ec	ROLAN	D HERBERT	ROBINSON	JANUARY 23.	1984 115 A
	3. SE)		4. RACE	5 DATE OF BIRTH	N N	IF UNDER 1 YEAR IF UNDER 24 HRS
	<u>.</u>	male	white	June 22, 1900	83 YRS.	
e VI		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
E 100	CVA	ruland	USA	WIDOWED TO DIVORCED	ANNE ARUNDEI	COUNTY
8 3 19/1/	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126, KIND OF BUSINESS O
PA PA	e dia	GLEN BURNIE		HOSPITAL	Laboror	heating
5 9 9	U5U/	TATE, 136. COUL	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) VN 113d. INSIDE CITY LIMITS?	1124 STREET ADDRESS / ZIP CODE	
should by	M	, , , , , , , , ,	Arundel Pasaden	a YES NO 🖺	300 Kentucky HV	e 21122
2 5 7/		THER'S NAME	MIDDLE EAST	15. MOTHER'S MAIDEN NA		
See See		Wade Robinson	WIDDLE	Nettie Der	rton	LAST
		AS DECEASED EVER IN U.S. AF			ADDRESS	
medico		ES, NO OR UNKNOWN) (IF YES, G)	VE WAR OR DATES) 216-10-	7089 Ms. Evanne Bo	ryliss 300 Kentu	cky Ave 2112
the the	-	18 CAUSE OF DEATH (Enter o	nly ane couse per line far (a), (b), or	nd (c).1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
phys npop move vent,		PART I. DEATH WAS CAUSE	TE CAUSE (o)	restine theart	Failer	weeks
or re		5850	DUE TO, OR AS A CONSEQU	ENCE OF	0	
mon,	30	Conditions, if any, which	(b) autoro.	clastic Control	aguilar V?case	Geare
entre		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		0
of, cr		underlying cause lost.	(c) Chronz		n	year
buric ory, o	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GIVE	EN IN PARY 110
r. The	CERTIFICATION	19a DATE OF OPERATION	THE CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
ws ony	FICA	196 DATE OF OPERATION	198. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
A) Allen	ERTI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Tale HOW IN HIP OCCUP	YES NOW YES	NO NO
T S		OR CONTRIBUTING CAUSE OF DE		AY YEAR	TENTER NATURE OF INJURY IN TIEM 18 P	ART T OR PART 2]
burial-transit Mental Hygie or Item 18 shr	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 214. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
ond A	MEC	WHILE I NOT WHILE I	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
in o		AT WORK		1=11	1 22	~~7
Heo is m		22a I certify that (I) (this hasp saw the deceased alive or	ital) ottended the deceased from.	84, and that in (my) (aur) opinion	death accurred on the date and how	19 Ed, that (I) (we) li
0 to		obove (f) (we) (did) (did a	et) view the body after death.	DEGREE	acom accorded on the gate and noon	2h. DATE SIGNED
detache tate Dep	100	IN SIGNATURE	2 -	MAS ATTENDING	MEDICAL STAFF	IN DATE SOMED
P to to		2M PHYSICIAN'S NAME (THE	muof	PHYSICIAN &	OTRECTOR PHYSICIAN	11-23-04
old be ORTA		THE PHYSICIAN S NAME (THE	()	95	AQUAHART ROAD	
should be deto with the State I	_	SANG C DOLL	M.D.	CLEN DED	NIE MARYLAND 210	061
	73a. 8	URIAL, CHEMATION, HEMOVA		NAME OF CEMETERY OF CREMATORY	CON OR TOWN	COUNTY A STATE
-		cremation	1/24/84 We	ustriew (rematory	The second secon	Salto. Md.
50M 4/83	24 FI	INERAL DIRECTOR	ADDRESS	25a DAT	TE REC'D BY REGISTRAR 29 TEGISTI	RAR'S SIGNATURE
15, 4)	An	brose Funeral	Home 1328 Sulp	hur Spring Rd. I.AN	6 4 1504 man	or remedy



(VRA 15, 4)

 RETAINING LIKE CHILEY 6 HOS CHARLE THE PURCHES OF THE Burn Town Town The But the secret Sec. 1 weeks Proceeding

1	1
1/2	Dog
1 46	D.#3
- 5	- 1
- 3	
	6.0
0	5.5
-55.	0.2
-	6.52
- 1	16
- 1	1.8
- 4	44
- 4	1/2
2	6.4
2	7.7
C.	5.2
5	2/5
-	274
71	0.0
2	8 0
- 2	2.5
1	0.00
9.	E 46
the law requires that the death certificate be executed within 24 hours off	icion and completely fills
8	2.0
1	76.2
	2.2
4	9.8
2	2 4
-6	5 5
ě	2.5
75	2.3
#	9.8
	2.74
- 5	무호
0	0.00
	11
31	
2	0 F a
CIAN, T	attending physican. After this certificate has been signed by the offeriding physician and completely filled in by the funeral of a the buriat-transl perms. Then please renove corbon papers. Pages 1 and 2-pholid befilled within 72 to
3	4 31
Ü	. 50
10	E 52
T.	2 10
- 12	£ [#
ž	7 5 5

DEPARTMENT OF HEALTH AND MENTAL

HYG	IENE	C	they		0	Q	d'un	3	ڼ
			REG. NO	٥.					
	2e. DAT	E OF D	EATH	MONTH	27	84	1	HOUR 545	O M
5	6. AGE	(IN YEAR	8 LAST BIR		RS.	INDER I Y		UNDER 2	HRS MIN.
	A	NN	e F	Pel	INTYOU	e/	00		MD.
sp			CUPATI OR MOST O		ING LIFE)	126. KIN INDUST		JSINESS	OR
S?	145	9 C	PRESS	ZIP C	ODE	TI	Rd.	20	86
TRI			MIDDLE			CON	LAST		
NT	781	+ S.	ADDRE Ha	mpt	Glelen on D	Bu:	mie 210	66 ^{Mc}	1.
2	7					BETW	PROXIMAT EEN ONSE	E INTERVA T AND DE	ATH
TERM	INAL DIS	E ASE (OR CON	DITION	N GIVEN	IN PAR	Tital		
	YES	AUTOP:	SY? √0 🗍		IF YES, W Ertifyin Yes [SES OF		?
CURR	ED (ENT	ER NATUI	RE OF INJU	RY IN ITE	M 18 PART	ORPARI	2)		
c. 11			CITY OR TO	WN		COUNTY		STAT	TE.
inion o	, to_	curred	on the d	ate and	, 19. d havi a	nd fram	the cau) lost d
NG)_	MEDR	CAL _	STA	FF _	_	22c. D	ATE SIG	NED	1

- STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME CHARGO DEPEND HITLARY AUNDERS 1. SEX BLACK To BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ARYLAND U.S.A. WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH DEVIAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMIT A.A. YES [NO FATHER'S NAME 15. MOTHER'S MAIDE MIDDLE FIRST JAMES SAUNDERS BEA 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) HILDA BRE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), apd (c).) PART I. DE ATH WAS CAUSED BY care IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OC HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 22x I certify that (1) this haspital) attended the deceased from and that in my) aur) ap DEGREE PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME

SCHILDBR 230 BURIAL, CREMATION, REMOVAL 236 DATE

23c NAME OF CEMETERY OR CREMATORY St. Paul Cemetery

23d. LOCATION ShadywSide

(SPECIFY) BURTAL 24 FUNERAL DIRECTOR

FOR

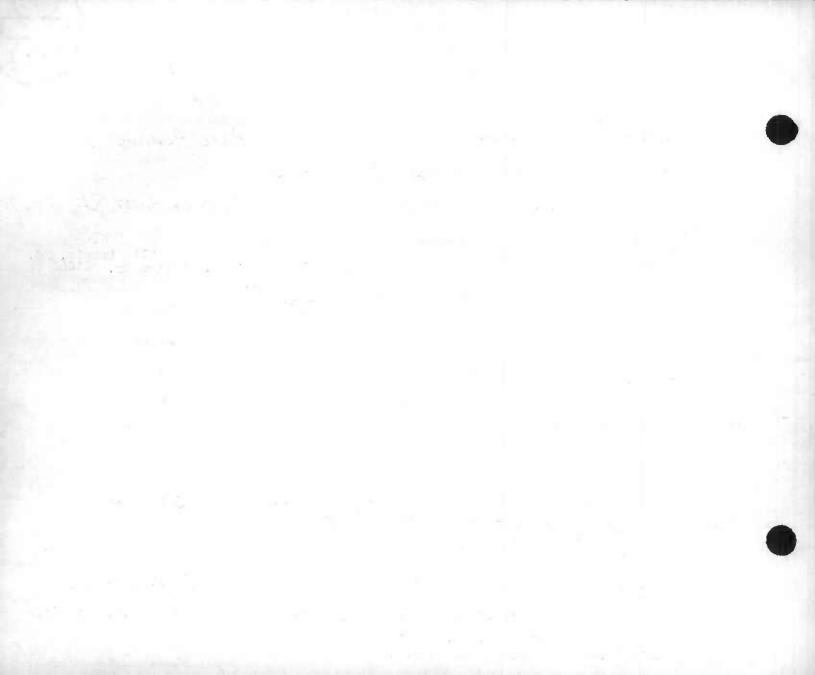
2-3-1984 Annapolis. Md.

ArAnn Maryland 250. DATE REC'D. BY REGISTRAR 256, AGGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

REESE & SONS MORTUARY P. A.



and the State of British Continues V. Cont.

4	FOR STATE REGISTRA	AR		DEPART	MENT OF HE	OF MARYLANI ALTH AND ME CATE OF DEA	NTAL HYGIE		G. NO.	0 2	2 3 5
4 may be the page 3 offer death	1. DECEASED N. (TYPE OR PRINT) FRE 3. SEX	derick	MIC 4 RACE	hael	Sch 5. DATE OF MONTH		year . 6.	AGE (IN YEARS L	TH MONTH	The SH IF UNDER 1 YEAR MONTHS DAYS	2b. HOUR 16 AM M IF UNDER 21 HRS HOURS MIN.
frer death. Page 4 the funeral director d with	Maryl O CITY OR TOV	WN OF DEATH	(IF NOT IN SUCH F	A . DSPITAL, NURSI FACILITY, GIVE STREE	MARRIED WIDOWED NG HOME OR T ADDRESS)	OTHER INSTITU	RCED	Anne 2a USUAL OCCI	MOST OF WORKING L	12b. KIND (
MAKTLAND 21201 ed within 24 hours o mplerely filled in by find 2,should be file outprefer montherma	Glen B USUAL RESIDEN 139. STATE Florid 14. FATHER'S NA FIRE John	NCE (IF NURSING HOMEOR 13b COUN ?	?		re admission) VN	3d. INSIDE CITY	LIMITS?	Naple:	ervison	E (9999 St.
extrimote, maxing and completely may be reduced to a subject of the subject of th	16a WAS DECEA	ASED EVER IN U.S. AR.	MED FORCES?	66. SOCIAL SEC 213-09	URITY NO. -2569	7 INFORMANT			Ping Ci Schmidt	rcle man	Glen Burnie
NG PHYSICIAN. The law requires that the death certificat after that certificate the certificate that certificate has been signed by the attending physical that the build tracest permit. Then please remove carbon populated Meanal Hygierne prior to be build; exemption, at removal arked or than 18 shows any injury, or other traumable events.	Condition gover it cause underlyii	ns, if ony, which se to immediate late, stating the ng couse last.	DUE TO, OR, (b) DUE TO, OR, (c) CONDITIONS GON	AS A CONSEQUAS AS A CONSEQU	JENCE OF DEATH BUT	'5	O THE TERMIN	IAL DISEASE OR	IN CERT		INGS USED
TTENDING PHYSICIAN TOPIOL OF VITA POPULOR OF WITA CHIRCON TO USE OF the Burnel Hygher of Health Brack Member 19 is marked or frem 18 sh	OR CONTRI (IF EITHER 21d. INJU WHILE A) WORK	BUTING CAUSE OF DEA , NOTIFY MEDICAL EXAMINER RY OCCURRED NOT WHILE AL WORK the deceased alive an e, \(\) (\(\psi\)) (\(\did \)) (\(\di	P.M. 21e. PLACE OI (AT HOME, STREE	FINJURY T, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	19 <u>¥</u> 7	cit.	or injury in item 18 or or town the date and ha	COUNTY	STATE , that (1) (we) last e causes stoted
TO HOSPITAL OR A veroined by the hosy (O FUNERAL DIREC should be detached with the State Dept. IMPORTANT: if them	226. BIGN 22d. PHYS	ICIAN'S NAME (TYPE OF	DATE Pal Pal Pal Pal Pal Pal Pal Pa) ((DZ NAME OF CE	PH 22e ADDRESS METERY OR CRI	605 EMATORY	MEDICAL DIRECTOR P	A B/	1- Vd S	21-84 21-84 21186
DHMH - 16 50M 4/83 (VRA 15, 4)	24. FUNERAL DI	mation RECTOR Ond C. Fi	1/23/ nk	Glen B		ew Cem	-		nsville		to, Md.

A STATE OF THE REST OF THE PARTY OF THE PART Sign Sagara Morah Americal Convene to Col. Sagaray Acces 5 Secretal manufactures as to assert Asia Co-20-528 Com a present the state of the second Established to the state of the Course on 1/23 1 Mesoners logic engagementale, milite, sid.

DEPARTMENT OF HEALTH AND MENTAL HYGIE STATE REGISTRAR REG. NO I DECEASED NAME RODETT JR 20. DATE KNOWN IN (TYPE OR PRINT) ESTI-DEATH MATED 19 8 5. DATE OF BIRTH IF LINDER 24 HRS 2d HOUR DATE PRONOUNCED 2049 6 SYRS DEAD Ta BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED FOREIGN COUNTRY) PA USA AA Co. DIVORCED WIDOWED 12a USUAL OCCUPATION (TYPE OF WORK II. CITY OR TOWN OF DEATH 17h KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Plumber (ret PEnn.Cent Railroad 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE YES [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE FIRST Robert Schrott Sr. Adelaide Magealson 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES same as 13e (YES, NO, OR UNKNOWN) 716/12/3952 Mrs. Catherine Schrott (wife) NO XXXXXXXXX 18 CAUSE OF DEATH (Enter only one couse per line for (a) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES -NO . 210 EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTHYORE, MARYLAND, 2 22a I certify that I taak charge of the remainst described above, held an Autopsy Inspection and in my opinion Homicide Undetermined monner death resulted fram-Natural causes TITLE (SPECIFY) Deputy MEDICAL EXAMINER William P. Johes, M.D. ADDRES 695 America Ct. Davidsonville 21035 23g BURIAL CREMATION REMOVAL 23h DATE Security Process Inc. Catonsville, Blt., MD Cremation 1/8/84 BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Singleton Funeral Home, Glen Burnie, MD (VR A15 ME (5))

20M 4/B2

The Market of the Control of the Con Gran Bridge - Alberta Armeria La Martin State Commission and the state of t Control of the contro The same of the same The second of th Lie vie de la company de la co

20M 4/82

19 -

My d.		ems 18- FOR STATE	·22a 3/19	/84 mtb F	DEPARTMENT	OF HEALT	MARYLAND H AND MENTAI		0	0 2 3	8
12		REGISTRAR		WE		AINER'S	CERTIFICATE	OF DEATH	REG. NO.		
16-1		CEASED NAME	FIRST		MIDDLE		LAST	2a. DATE OF	KNOWN X MON	TH DAY YEAR	2b. HOUR
人 为 经			Patri	ck D	aniel		eals		MATED 1/	22/8419	M
	3. SEX	ale	White	S DATE OF BIRTH	YEAR LAST	(IN YEARS IF U		MIN. PRONOUN DEAD	NCED		11:40
A TONO	4/3	RTHPLACE (ST		3 20	1955 28	10		O DAITIM	ORE CITY OR COL	22/84 19	Рм
PAGES AND STATE OF THE STATE OF	FC	REIGN COUNTRY)		11 11 11			RIED NEVER MA	RRIED LAJ			
Z2023 /		ashingt		U.S	A. SPITAL, NURSING I	WIDO			PATION (TYPE OF WO		MD.
PAGE PAGE	F	t. Mead	e	Kimbrou	igh Army I	RESS) Hospita		FOR MOST OF WOR	RKING LIFE)	OR INDUST	RY
BALTIMORE, MD. 21201 S. SAFIE DEATH. IF ANY DEAGES 1, 2, RETAIN PAGES 1, 2, AND 3 TO PAGES 1, AND 2'SHOULD BE IVISION OF WAR RECORDS.		TATE	13b. COUN	or other institution, G TY Arundel	13c. CITY OR TO		13d. INSIDE CITY LIMITS		ess P. O.	Box 534	20794
2. E 4.6.	14. F.	ATHER'S NAME	TAILE	Arunder	Toessup		15. MOTHER'S MA	DEN NAME	of Corre	C CLOUS &	2017
A STATE OF THE WAR	40	William	1	Robert	Seals		Sylvia		aret	Shepher	3
TIMOR TIMOR ON OF THE DE	16g. \	WAS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SEC		17. INFORMANT		201 Stale		
L RECORDS, 201 W. PRESTON ST., BALTIMA UD BE EXECUTED WITHIN 24 HOURS AFTER "PENDING" IN PENCIL IN ITEM 18. GIVE PA FF MEDICAL EXAMINER ALONG WITH FOR ED AS A BURIAL TRANSIT PERMIT. PAGES PHEALTH AND MENTAL HYGIENE, DIVISION IL, CREMATION, OR REMOVAL.	0	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	100		Canthia	Albert Ge	rmantown	My 3084	na.
JRS AL JRS AL JRS AL WITH T. PAG DIVIS	H		DEATH (Enter on	ly ane cause per line	for (a) (b) and (c	1) (Toynonia	ATBELO GE	Thattoowit	APPROXIMAT	EINTERVAL
201 W. PRESTON ST., UTED WITHIN 24 HOUR IN PENCIL IN ITEM 18 EXAMINER ALONG W RAL - TRANSIT PERMIT, D MENTAL HYGIENE, DON, OR REMOVAL.		PARTIDE	ATH WAS CAUSE	DBY:			toxication	1		BETWEEN ONSE	T AND DEATH
STON SI V 24 HO V ITEM I ALONG IT PERM YGIENE		950	3 IMMEDIA	E CAUSE (0)	AS A CONSEQUE						
HIN HES		Canditiar	s, if any, which								
W. W. ENGLAND			e to immediate stating the under-	(b)	AS A CONSEQUE	NCE OF					_
201 W. PRE UTED WITHI I'M PENCIL I EXAM RIAL TRANK O MENTAL P ON, OR REA		lying cau	se last.	(c)						A PURSE	
MAL BANG	1	PART 2 OTHER SIG	NIFICANT CONDITIONS		BUT NOT RELATED TO TH	E TERMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 (g)			
RECORDS. D BE EXECTED BE	N										
PEN	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDI	TION FOR WHICH	OPERATION V	WAS PERFORMED?			20 AUTOPSY	?
F VITAL I	1 🖺	100								YES 🐼	NO []
OF V THE SHOWEN THE COMMENT TO BE USED BE OF V	1 1		L CAUSE WAS	21b. TIME O			OW INJURY OCCUP	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 O	4.6	
BIVISION OF VITAL RECORDS, S CRTIFICATE SHOULD BE EXECRITING THE WORD "PENDING". E3 SHOULD BE USED AS A BUR E DEPARTMENT OF HEALTH ANI OT PRICK TO BURIAL, CREMATIT		UNDERLYING	OR G CAUSE OF I	DEATH ? P.M	1/22/	, 84 s	ubject in;	jested drug			
/ISIC ING ING SEPA PRICE	MEDICAL	21d INJURY C	CCURRED		OF INJURY (ATHO	ME. 211. LC	DCATION			-114 - 114 - 11	
#3445	2	AT WORK	NOT WHILE D	C	ell	M	d. House	of Correcti	ons Jessu	ip, Md.	STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PA AFTER DEATH, WITH THE ST				e of the remains de	scribed abave, held	an Auto	psy X, Inspec	tian . Inquiry	and in my	apinian	
A C T C T S		death resulte	dam: Natu	ral causes,	Accident .	Suicide X	J, Hamicide	Undetermined mo	anner .		
ERT ERT WAR			1110	12	(A) no		TITLE (SPECIFY)				
A HA SA		ACTUAL SIGNATURE_	mound	a Ture	Mill	,	M.D. Assista	nt_MEDICAL EXAM	AINER SIG	TE NED 1/23/	84
A SEA SET THE THE THE THE THE THE THE THE THE T	1	EXAMINER'S	NAME								
A D W E E		(TYPE OR PRIN	Mar Mar	garita A.				Penn St., I	Balto., M	d. 21201	
	23a.B	SPECIFY)	ION, REMOVAL 2				OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY S	TATE
BP.522		Crema		1/24/184	Lee	s Crem		Washing		-	
DHMH - 17	24	UNERAL DIREC	2 Sanl	son 326	E. Diamo	nd Ave	25a. DA	2 1 1984	R 756 REGISTRAD	SIGNATURE	•
(VR A15 ME (5)) 20M 4/B2	G	artner	Sandison	F.H. Gai	thersburg	,Md.20	877 9011	100.10			•

Ela- Table 1 The second second second

DIVISION OF VITAL RECORDS,

				THE STATE OF	
their course transfer toll	*			TANK TANK	
1000 to				KALUEST	
STATE OF THE PARTY OF THE PARTY AND THE PART	. 1100-21-				
	The same of the sa				
The second second second		7 35			
			\$ 35 DU		
			1 1 3		
	a line bear				
	Lyde Alba	THE TOTAL			
	The Court of the C	STREETZDIEGO	Land, Levil	And He als	

13 TOT APPEASIN FREqhway SE Shipley Gertrude ADDRESS Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES 🗌 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE c, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN COUNTY Burial Jan. 24.84 Friendship Cem Hanover AA MD24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE Singleton Funeral Home, Glen Burnie, MD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

214, 1 984 26 HOUR

IF UNDER I YEAR

INDUSTRY

2:15F

IF UNDER 24 HRS

HOURS

12b. KIND OF BUSINESS OR

DHMH - 16 50M 4/83 (VRA 15, 4)

- STATE

REGISTRAR

Irvin Lee Snipley same as 13
NO xxxxxxx 214/76/2298 Catherine S. Walter (sister)

STATE

(VRA 15, 4)

REGISTRAR

Anne Arundel County 12h, KIND OF BUSINESS OR INDUSTRY ivil Service/Naval Academy Fifth Avenue Borden APPROXIMATE INTERVAL METASTASES. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) COUNTY STATE (our) apinian death accurred an the date and haur and from the causes stated 22c DATE SIGNED Baltimore, A. A. 24 FUNERAL DIRECTOR ully tuneral Homes Patapsco Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

IF UNDER TYPAR

31

26 HOUR

HOURS

Chief responsibility more than the section of the last the section of the last the section of the last th THE THE PERSON OF THE PERSON O The state of the s the age of the contract of the BEST OF THE PARTY injury, ar other traumatic event,

or Hem 18 shaws

IMPORTANT: If Item 21 is marked

ttar, page 3 after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I HEALTH AND MENTAL HI OILING	
TIFICATE OF DEATH	REG. NO.

		REGISTRAR		CEKIIF	ICATE OF DEATH	REG. NO).	
		CEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY YEAR	R 2b. HOUR
	TYPE	Frederic	k Jose	eph Spe	erato	January 27,	1984	M
	3. SEX	x	4 RACE	5. DATE C	OF BIRTH	6. AGE IN YEARS LAST BIRTH		
		Male	White	Oct.	19, 1917	66	YRS.	
1	7a BII	RTHPLACE (SLATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OF		
2	1	Md.	USA	WIDOWE		Anne Aruna	lel (o.	MD.
1	11	len Burnie	LIF NOT IN SUCH FACIL	TAL, NURSING HOME C ITY, GIVE STREET ADDRESS) LINCEL GENERAL		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		D OF BUSINESS OR RY
3		AL RESIDENCE (IF NURSING HOME OF	VTY 135mC	SIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIANTS?	13e. STREET ADDRESS		21105
/			Arundes Po	isadena	YES NO	917 Kosciu	szko Ive.	HAT
2	10	ATHER'S NAME FURST	MIDDLE	Sperato	15 MOTHER'S MAIDEN NAM	WE	DiBero	ida
-		VAS DECEASED EVER IN U.S. AR		OCIAL SECURITY NO.	17 INFORMANT	ADDRES	SS	
	3	YES NO OR UNKNOWN) (IF YES, GIV	war or dates) 210	8-05-5011	Florence Spe	rato 917	Kosciuszko	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	lly one couse per lipe to D BY:	gr (o), (b) and (o).	Deart (Q	_0,	BF TWF	ROXIMATE INTERVAL EEN ONSET AND DEATH
		///a / IMMEDIA	E CAUSE (o)	proc	was of pr	102	->	7,70
		7/00	DUE TO, OR ASS	CONSEQUENCE OF	~ O .	0 5	1 11	1 1
		Conditions, if any, which gave rise to immediate	(6)	100	1 consis	yeny	7	Sim
		couse (a), stating the underlying couse last.	DUE TO, OR AS A	CONSTRUCTION OF	10	0	VE) w
		PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	OITION GIVEN IN PART	T (led)
	O							
1	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	SES OF DEATH?
7	ERT	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJU	JRY	21c. HOW INJURY OCCURE			NO 🗌
1		OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	AONTH DAY YEAR		TEINER MAIDRE OF THOOR	THE THE CARE TO GREAT	2.1
	MEDICAL	(IF EITHER NOTIFY MEDICAL FXAMINES	21e. PLACE OF IN.	19	211 LOCATION			
	ME	WHILE NOT WHILE DAT WORK		CTORY, OFFICE, FARM ETC)	STREET	CITY OR TOW	VN COUNTY	STATE
		220.1 certify that (1) (this haspi	tal) attended the dece	eosed from	- 19	S10 (WS	en 19_	_, that AT (we) lost
		saw the deceased object on above, (I) (wer faid) (and no	Wile has body ofter	deoff 19 3. or	nd that in (my) (our) opinion o	death occurred on the dat	te and hour and from	the couses stated
		22b. SIGNATURE	().		DEGREE			ATE SIGNED
		7	wer.	1		MEDICAL STAFF	AN 🗌	ALCOHOLD AND
		22d PHYS LIGHT HAME COME	TO I D		22e ADDRESS			
		71.	SDIALR	(P)		INGTON A	VE.	
	23a B	SURIAL, CREMATION, REMOVAL	23b. DATE	11 1 0	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
		Burial	1-31-84	Holy R	osary (emeter	2		Md.
		JNERAL DIRECTOR	0	LAMPRESS C CI		REC'D. BY REGISTRAR 2	She GISTRAR'S SIGN	ATURE
	10	ohn. Weber &	Sons Inc.	401 J. [he.	ster St. JAN	3 1 1984	of any	Cahell

DHMH - 16 50M 1/BI (VRA 15, 4)

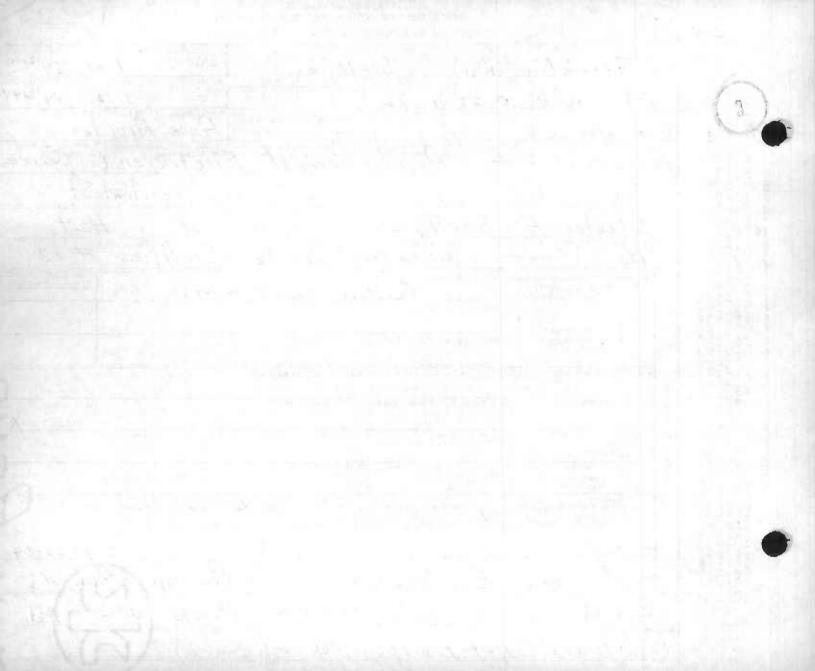
BP.

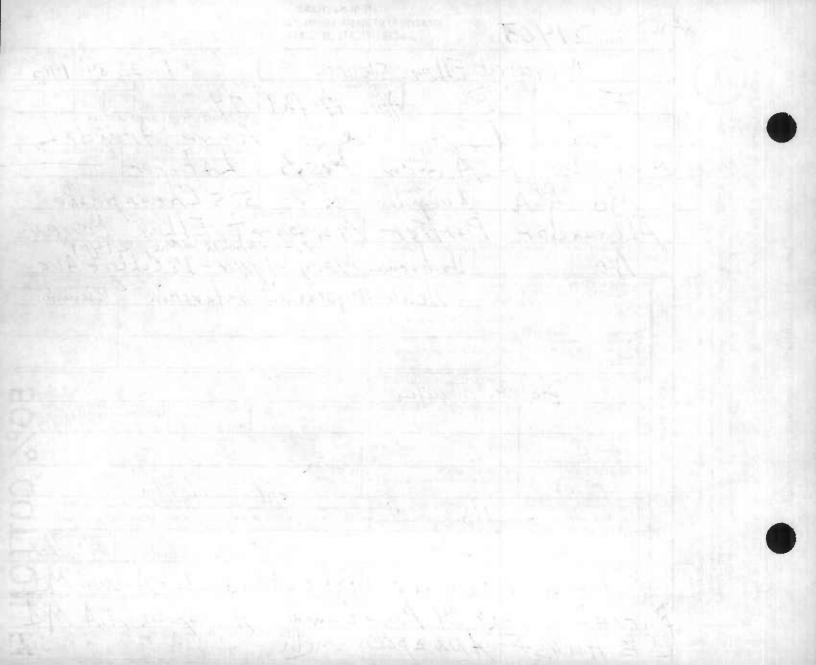
The second of th The state of the s

TOTAL THE SEC TO The Late of the Control of the Contr

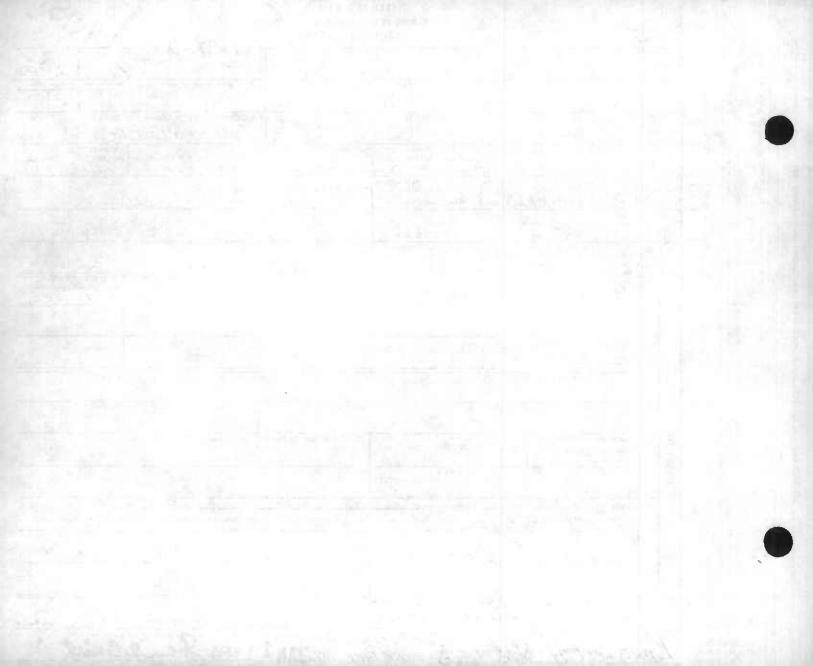
THE RESERVE OF THE PARTY OF THE Labours was a second of the se STILLS A COUNTRY IN L. I. L. C. S. H. S. LEW MICH. S. Jayacad Q. Elric Co. 2 Borne, Md. Jakes Date Co.

	STATE OF MARYLAND	1 1 1 1 1
1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES	6 4 3
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 26. HOUR
	tranklin (NMH) Stellies DEATH MATED 1	2 1 1987 N
1. SE	4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 2d HOUR
	M Write 10 27 11 72 YRS. DEAD /	21 1084 44
Ja. B	INTHIPLACE TO ALE OR 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY	TY OF DEATH
V	Shington D.C. USA WIDOWED DIVORCED DIFTINE Hrun	del MD
19	OF TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION TYPE OF WORK 18 MOST OF WORK OF LIFE)	OR INDUSTRY
1	Innapolis Hhne Hrundel beneral Electrician	Civilservice
	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 1 136. COUNTY 136. STREET ADDRESS	15171402
	110 H.H. PMAZPOIS YESK NO 1302 TESICIENT	0000
14.1	ATHER NAME IS MOTHER'S MAIDEN NAME MIDDLE	1/LAST+
	Chester A. Stelljies Ruth A.	17211
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT	# 13
	745, NOSTUNKNOWN) (IF YES, GIVE WAR OR DAILES) 320-08-5427 Koselle 14. Stelljies	
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o) Cardiae Grand	
	DUE TO, OR AS A CONSEQUENCE OF	
	gave rise to immediate (b)	
	couse (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
	(c)	
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1.	
CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	Tan AUTOBEVO
NC.	170 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
BTB	210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR P.	YES NO
	UNDERLYING OR HOUR A.M. MONTH DAY YEAR	N1 2)
MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
ME		DUNTY STATE
	22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection . Inquiry , and in my a	pinion
	death resulted fram: Natural couses Accident , Suicide , Hamicide , Undetermined manner ,	
5	ACTUAL TITLE (SPECIFY) DATE	1 10 41
	SIGNATURE M.D. JEPUN MEDICAL EXAMINER SIGN	ED 1-22-84
-	EXAMINER'S NAME / DUTE F / LIVEFIED 910 Per in 6	2
	(TYPE OR PRINT) JIMES L VIME E LE CADDRESS 1 10 VII MINO) L	ביונקאחה
23a.E	BURNEY, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATION CITY OF TOWN I SOLD TOWN A COUNTY OF TOWN A COUNTY O	ASTATE!
BA 6	SUITE 1-25-87 HISDURY METHODAS 1 HMO 18 H, F	7. MATURE
1	NAME FOR FILLS AND PLANTED ADDRESS AND ALLE MI	NONATORE
_	a-yioi i uneral chapel Filmapolis i la 1 1004 11	7 7
		4.3

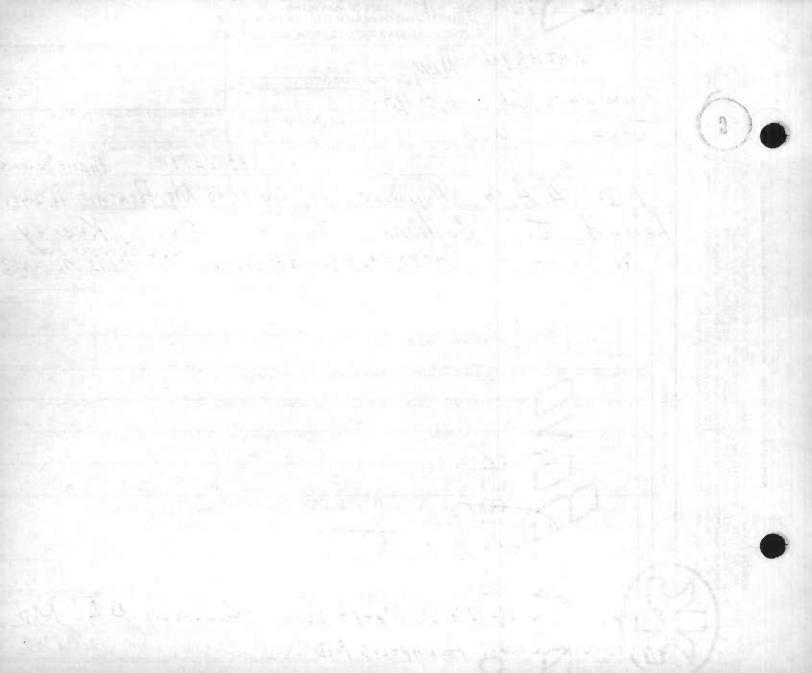




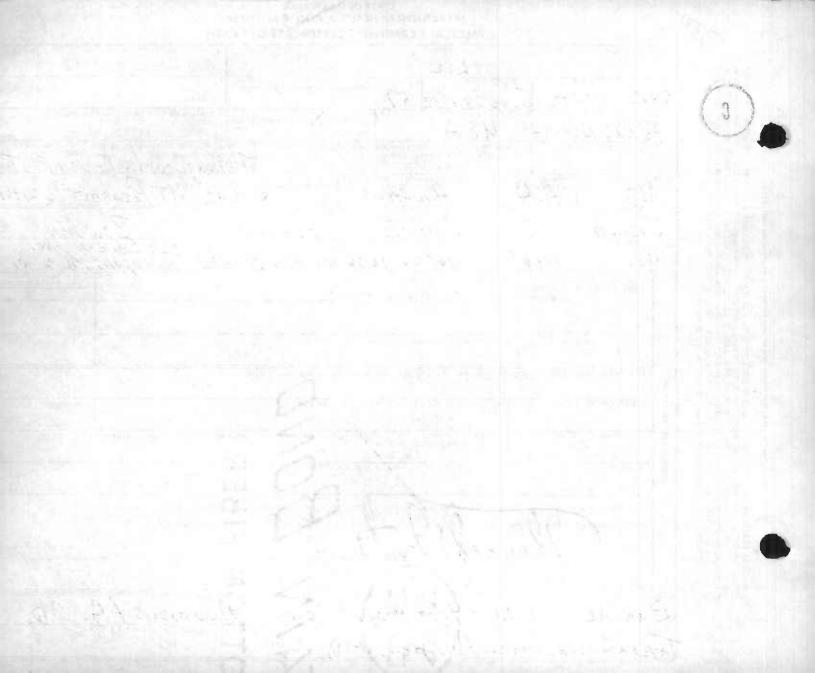
<	1	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	00247
8 7		CEASED NAME FIRST EORPRINT) ZWEN	DOLYN E	SLLIVAN	1 - 6 -	SY YEAR 25 HOUR 1215 PM
(M)	3 SE	FEMACE_	CAUS	S DATE OF BIRTH MONTH DAY YEAR 11 20 04	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN. YRS.
	R	idaway PA	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE PL	UNDEL MD.
hours after in by the ifiled with	10 /1	TY OF TOWN OF BEATH OPENATE AL RESIDENCE (IF HURSING HOME OR O	Pleasant Living	Convelescent	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WE TEACHER	MKING LIFE) INDUSTRY
thin 24 h	13a	STATE 136 COUNT	Arcude Davidson	N 134. INSIDE CITY LIMITS?	134 STREET ADDRESS	nstellation
E, MARY completed wi	1		ED FORCES? 166 SOCIAL SECU	eld Mary C	elesta MIDDLE ADDRESS	Beyerley
ite be exitian and continue in the mut, the mut		YES, NO OR UNKNOWN) (IF YES, GIVE W			e Walson	
ST., BALTI n certificate ng physiciar on papers. P r removal.		PART I. DEATH WAS CAUSED IMMEDIATE	[-K/ \ \	PARCINOMA OF	BREAST	BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 UDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour attending physician. After this certificate has been signed by the attending physician and completely filled in by ss the burial-transit permit. Then please remove cathon papers. Pages 1 and 2 should be filed in and water and shown any private, ceremation, or removal. markett at the methods above to other traumatic event, the methods and		Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)			
w requires en signed I Then pleas r to burial ny injury,	NO	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ON GIVEN IN PART 1(0)
N: The law ite has been permit. The permit. The	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	IN IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES NO
A OF VITA HYSICIAN physician. is certificat ial-transit ial-transit dir hem 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART L OR PART 2)
DING PHY trending ph After this cs the burial-th and Men marked dir directions	MEDICAL	216 INJURY OCCURRED WHILE ON THE STATE OF T	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
S 0 0 0	ŀ	oboy (f) (we) Idig (did not)	1-4/)/ /10 5		deoth occurred on the date	. 19, that (I) (we) lost and hour and from the couses stated
ITAL CHAT Withe hospital RAL DIRECT detached for ustate Dept. of	1	276 SIGNATURE	Your		MEDICAL STAFF DIRECTOR PHYSICIAN	1-6-84
TO HOSPITAL OF ATTERELINED by the hospital or TO FUNERAL DIRECTO Should be detached for use with the State Dopt. or He MIMPORTANT: If I tem 21		JOY B L	OUPE MI) PNNO1	ous, MI).
BP		BURIAL CREMATION REMOVAL	1-9-84	Teo Certh Co	23d LOCATION CITY OF TOWN E REC'D. BY REGISTER 25h	REGISTRAR'S SIGNATURE
DHMH-16 25M (VRA 15, 4) 1/79	2	PARRANCO F.H.	Sol Sive	RITCHIE HWX 130. DAN	1 1 984 %	L Cohere



/	tems #18-22a 2/6/84 mtb F#588 STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	2 44
1. D	CEASED NAME KATHRYN RECEASED NAME KATHRYN ANN Swartz 20. DATE KNOWN & MONTH OF ESTI- DEATH MATED 1	17 1984
3. SE	FEMALE WHITE JULY 3, 1940 43 YRS.	17 ₁₉ 84
12	IRTHPLACE (STATE OR DECEMBER OF WHAT COUNTRY! 8 MARRIED 9. BALTIMORE CITY OR COUNTY OR COUNT	unty,
	Cape St. Clair 1242 Mt. Pleasant Drive	OR INDUSTR
13a.	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE LD 136 STREET ADDRESS. PLEAS A 136 STREET ADDRESS. PLEAS A	NT De:
4/	ATHER'S NAME FIRST CONARD T, SULLIVAN 15. MOTHER'S MAIDEN NAME FIRST FIRST TEPESE HAN A TOTAL TOTA	VEEN.
160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMAÇIT 347328968 RONALA BAYACE PANADOLI.	S. MD:
z	Conditions, if any, which gave rise to immediate couse (a) stating the <u>under-lying couse last.</u> DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
1117	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 7:16kx 1 17:984 Subject stabbed	A
MEDICAL	21d INJURY OCCURRED. WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK 1216 PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK NOT WHILE AT WORK 1242 Mt. Pleasant Dr, CapeSt Clai:	r, A.A.
	220 Certify that I took charge the transition of second above, held on Autopsy X, Inspection , Inquiry , and in my opin death resulted from the following	
4	EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto., MD.	
1	JURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OF CREMATORY 236 LOCATION ADMY SURVEY OF CEMETERY OF CREMATORY 236 LOCATION ADMINISTRATION ADMINISTRATION AND ALLES ADMINISTRATION AND ALLES ADMINISTRATION ADMINISTRATION AND ALLES ADMINISTRATION ADMI	4. 1st
TAS	HAVE ADDRESS AND STANDARD LIS MD 1250. DATE REC'D. BY REGISTRAR'S SICH ALLOW THAT LIST ADDRESS ADDRESS AND 1250. DATE REC'D. BY REGISTRAR'S SICH ALLOW THAT I WAS ADDRESS AND 1250. DATE REC'D. BY REGISTRAR'S SICH ALLOW THAT I WAS ADDRESS AND 1250. DATE REC'D. BY REGISTRAR'S SICH ALLOW THAT I WAS ADDRESS AND 1250. DATE REC'D. BY REGISTRAR'S SICH ALLOW THAT I WAS ADDRESS AND 1250. DATE REC'D. BY REGISTRAR'S SICH ALLOW THAT I WAS ADDRESS AND 1250. DATE REC'D. BY REGISTRAR'S SICH ALLOW THAT I WAS ADDRESS AND 1250. DATE REC'D. BY REGISTRAR'S SICH ALLOW THAT I WAS ADDRESS AND 1250. DATE REC'D. BY REGISTRAR'S SICH ALLOW THAT I WAS ADDRESS.	2 Cohi



H	-	OR	DEDARTME	STATE OF MARYLAND	voietile 4	0 2 4 9
1	- 5	TATE		NT OF HEALTH AND MENTAL H	EDEATH	
1	100	EGISTRAR FASED NAME FIRST	MIDDLE	LAST	26. DATE KNOWN X MO	NTH DAY YEAR 26. HO
		Robe	ert LEE	Swartz	OF ESTI- DEATH MATED	17 1984
1.	SEX.	4 RACE	S. DATE OF BIRTH 6.	AGE (IN YEARS IF UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE MON	TH DAY YEAR 2d H
	MA	LE WHITS	TUNIO 20 1999	YRS MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	17 184 10
70	BIR	THPLACE (STATE OF	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIE	9 BALTIMORE CITY OR CO	UNTY OF DEATH
	7	ENNS41VANIA	USA.	WIDOWED DIVORCE	□ Anne Arunde	
10.	.Em	Y OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME, OR OTHER INSTITUTION TADDRESS)	12a USUAL OCCUPATION (TYPE OF WO	ORK 126 KIND OF BUSINES
2		ape St. Clair	1242 Mt. Ple		VPAINING COORDINA	lor Gen. Elec
13	o. ST	13b. CZVNI	TY II3 TY OF	TOWN 134 INSIDE CITY LIMITY	13e STREET ADDRESS TO	SEAUT DO 219
174	FA	HER'S NAME /	77.	YES NO X	NNAME	43 BUT VE 21
P	J	oseph F	LASI LASI	NTO GIRAV	MIDDLE 7	Rounden
16	o W	AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO. 17. INFORMANT	1 / ADDRESS STO	WELL Ave.
	V	NO. OR UNKNOWN) (IF YES, GIVE V	0 1682	6 7686 RONALD A.T.	PAYADEL ANNADA	115. MD, 2140
Г			ly ane cause per line far (o), (b), ar	od (c).)		APPROXIMATE INTERV BETWEEN ONSET AND DI
ı		PART I DEATH WAS CAUSED	TE CAUSE (a) Multiple	stab wounds		
Г		1000	DUE TO, OR AS A CONSE	DUENCE OF		
L		Conditions, if any, which gave rise to immediate	(b)			
ı		couse (a) stoting the <u>under</u> lying cause last.	DUE TO, OR AS A CONSE	DUENCE OF		
ı		PART 2 OTHER CICNISICANT CONDITIONS	CONTRIBUTING TO DEATH OUT NOT SELECTED	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR	Y 1	
	5-0	TAKE 2 OTHER STORISTICANT CONDITIONS	CONTRIBUTION TO DENTH SOT NOT SECRIFU	TO THE TERMINAL DISEASE OR CONDITION SITER IN PAR	11 1 6	
	¥	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED?		20 AUTOPSY?
	8					YES X NO
		216 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH D.	21c. HOW INJURY OCCURRE	(ENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
1	š	UNDERLYING AOR CONTRIBUTING CAUSE OF D	DEATH 7:16XX 1 1	7 1984 Subject s	stabbed	
	MED	714 INJURY OCCURRED WHILE DOT WHILE TO	316 PLACE OF INJURY (AT HOME 21f. LOCATION STREET	CITY OR TOWN	COUNTY ST
1		WHILE NOT WHILE AT WORK	home	7	asant Dr., Cape St	. Clair, A.A,
		22s. I certify that I took about	and the semons de sport above.		Inquiry , and in m	y opinion
ı		death resulted from Notife	ra cautes . Actient(L	uicide , Homicide X,	Undetermined manner .	
ı		ACTUAL (Durey) 7	TITLE (SPECIFY)	- C	ATE 1 /17/04
+		SIGNATURE 9	amond y	M. Deputy Chi	LE LEDICAL EXAMINER SH	ATE 1/17/84
1		EXAMINER'S NAME Thom	as D. Smith, M.	D. ADDRESS 111 E	Penn St. Balto.,	MD.
23	_	RIAL, CREMATION, REMOVAL 2		AE OF CEMETERY OR CREMATORY	23d LOCATION	10 00
1	U	URIAL	1-21-84 5T	MARYS (Em.	Frungous !	THE WID.
2	4 FL	NERAL DIRECTOR	ADDRE	250 DAJER	ECO. BY REGISTRAR 256 REGISTRAL	R'S SIGNATURE LL
1	NU	1/OKTUNLARAS	HAPSL HUNDAY	POUS MID JAIN		



	CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	REG. NO.	ONTH DAY YE	AR 26 HOUR
(TIPE	ETHEL	MAY	TEAGUE	JANUARY	10, 198	4 535
3. SEX		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD		YEAR IF UNDER 24
F	emale	White	Feb". 23". 1899	84	YRS.	
	RTHPLACE (STATE OR FOREIGN 71 Carolina)	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR C	COUNTY OF DEAT	
10. CI	GLEN BURNIE	NORTH ARUNDE	L HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Housewife	ORKING LIFE) INDUS	ND OF BUSINESS
130. S Ma	AL RESIDENCE (IF NURSU) ATATE LTYLAND	County Bay	City 13d INSIDE CITY LIMITS?	Bay City	17-21	21666
_	THER'S NAME FIRST Bruno =	Stevensy: Sherri	FIRST	MIDDLE	N	LAST
	VAS DECEASED EVER IN U.S. ARM		CURITY NO. 17 INFORMANT	ADDRESS		
	res, no or unknown) (# yes, give y	WAR OR DATES) 577-1(0-2498 Evelvn I	. Youell S	Same as	above
	17 90 IMMEDIATE Canditians, if any, which gave rise to immediate	DUE TO, OR AS A CONSEO	UENCE OF	Metastasis	5	
	Canditians, if any, which gave rise to immediate cause to, stating the underlying cause last.	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c)				RT Ita
TION	Canditians, if any, which gave rise to immediate cause tot, stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) DOUBTIONS CONTRIBUTING TO	UENCE OF DEATH BUT NOT RELATED TO THE TERM Cronic Renal Fa	MINAL DISEASE OR CONDI	TION GIVEN IN PA	
RIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM Cronic Renal Fa: H OPERATION WAS PERFORMED	ANNAL DISEASE OR CONDITION OF THE CONDIT	TION GIVEN IN PA 1ths) 200. IF YES, WERE F N CERTIFYING CA YES	INDINGS USED USES OF DEATH? NO
CAL CERTIFICATION	Canditians, if any, which gave rise to immediate cause tol, stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATI	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) DIDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 21b. TIME OF INJURY	DEATH BUT NOT RELATED TO THE TERM Cronic Renal Fa: THE OPERATION WAS PERFORMED DAY YEAR 19	MINAL DISEASE OR CONDITION OF THE CONDIT	TION GIVEN IN PA 1ths) 200. IF YES, WERE F N CERTIFYING CA YES	INDINGS USED USES OF DEATH? NO
MEDICAL CERTIFICATION	Canditians, if any, which gave rise to immediate cause tol, stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATI	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) DIDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH	DEATH BUT NOT RELATED TO THE TERM Cronic Renal Fa: H OPERATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY OCCUR	ANNAL DISEASE OR CONDITION OF THE CONDIT	TION GIVEN IN PA 1ths) 10b. IF YES, WERE F IN CERTIFYING CA YES \(\square\) NITEM 18 PART I ORPAR	INDINGS USED USES OF DEATH?
	Canditians, if any, which gave rise to immediate cause to), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK 22a L certify that (I) (this haspita saw the decased give an above, (I) (we) (did (did not not to the control of the co	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) DIDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	DEATH BUT NOT RELATED TO THE TERM Cronic Renal Fa H OPERATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY OCCUR TO STREET and that in (my) (aur) apinion	AINAL DISEASE OR CONDITION Ilure (mor 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY I	TION GIVEN IN PA 11hs) 10b. IF YES, WERE F IN CERTIFYING CA YES NITEM 18 PART I ORPAN COUNTY and hour and from	INDINGS USED USES OF DEATH? NO TO STATE THE STATE STAT
	Canditians, if any, which gave rise to immediate cause tol, stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATI (IF ETHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 22a L certify that (I) (this hospital)	DUE TO, OR AS A CONSEO (c) DUE TO, OR AS A CONSEO (d) DUE TO, OR AS A CONSEO (e) DUE TO, OR AS A CONSEO (e) DUE TO, OR AS A CONSEO (d) DUE TO, OR AS A CONSEO (e) DUE TO, OR AS A CONSEO (d) DUE TO, OR AS A CONSEO (e) DUE TO, OR AS A CONSEO (f) DUE TO, OR AS A CONSEO (e) DUE TO, OR AS A CONSEO (f) DUE TO, OR AS A CONSEO (e) DUE TO, OR AS A CONSEO (f) DUE TO, OR AS A	DEATH BUT NOT RELATED TO THE TERM Cronic Renal Fa: CHOPERATION WAS PERFORMED DAY YEAR 19 21E. HOW INJURY OCCUR! STREET	AINAL DISEASE OR CONDITION ITURE (MOT 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY I	TION GIVEN IN PA 1ths) 10b. IF YES, WERE F IN CERTIFYING CA YES NITEM 18 PART I ORPAN COUNT and hour and tran 22c. E	INDINGS USED USES OF DEATH? NO TY STAIL

Glen Burnie, Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

Raymond C. Fink

BP.

Parale Sab. 28, 185 34 35 34 35 35 35 35 35 35 35 35 35 35 35 35 35				
Percentage C.S.S. I Secretary Reports of the Company of the Compan			a 2	
Merch Creding U.S.A. To Tue Tree Top 17-21 Class Review of the Country Pay City Tree Top 17-21 Class Review of the Country Tree Top 17-21 Class Review of the Country Tree Top 18-21 Class Review of		. Se. Less	an ū	
Part of the control o				
Amende - Amendelle de la la communication de la la communication de la communication d	asiwasno.			
Trems (Trems) Trems (Trems) Isans (Trems	BRAIS IS-VI BUILD UST		County Pay Office Standard County	344 S. 5
Tanimabdi etter	THE HOUSE	11 E E	i Erran	
		as (snest g)	nout	
			NOW!	
square 1 A (Lo, 1980 Morror Soften Jens, physicas vilke, Benth Cas			Light breakful to	
	Wegices William Bough Cay			Burdel

-	١,	FOR STATE	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL I	HYGIENE 8	0 0 2 5 1
	' '	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
of h	(117	Albert	(4	Thomas	Jan	25 1984 3 20 Am
	1. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
4660		Male	Caucasian	April 12 1900		s.
OV. 133		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	- Anne Hruh	do MD.
offer a	1000	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT INSUCH FACILITY, GIVE STE	SING HOME OF OTHER INSTITUTION LET ADDRESS! DUNSING CENT	128. USUAL OCCUPATION (ITYPROMINE DOF WORKIN SANITARY ENGIN	G LIFE) 126 KIND OF BUSINESS OR INDUSTRY REER BALT. CITY
AND 212D AND 212D or 24 hours filled in by hewld be fill	USU 13a.	AL RESIDENCE (IF NURSING HONE)	OR OTHER INSTITUTION, GIVE RESIDENCE BEI	ORE ADMISSION)		
N 2 = 1	M	ARYLAND BAL	TIMORE BALTIN	AGRE YES NO	317 S. PARIS	
rthur stely 2 sh		ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	IZAL
MA be and a second	1	ALBERT	J. THOM	(3, 100)	A	SERY
MORE,		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		ADDRESS 1030	ARUNDEL DR.
E 0 0 %	_	N6 -	212.09-	1589-A MILDRED L	KING ARNOL	
RESTON ST., BAL death certificate ottending physici nove carbanopaper otion, ar remavol. troumotic event, th			only one couse per line of the including library in the including libra	monang c	agestion.	APPROXIMAN SHIPPINAM MEMBAN COST ANNAHAM
W.P of the		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	DIVENCE OF	coul) gears
res plumed y, o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
ALRECORDS On. Hos been sign to permit. There fere prior to the governorm of the governorm	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
I OF VITA ICIAN: Ti g physicing phys		2)8. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM	IS PART I OR PART 2)
DIVISION OF: ING PHYSICIA When this certification of the one of th	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ZII. LOCATION	CITY OR TOWN	COUNTY STATE
Distriction of TENDIN TENDIN OF TOR: After or use a first month of the or use or use of the or use of the or use of the or use of the or use o		sow the deceased alive of	pital) attended the deceased from	0.77	to	hour and from the causes stated
OR AT DIRECT DORECT OCHEG I: Dept. o		226 SIGNATURE	not) view the body ofter death.	DEGREE	G MEDICAL STAFF	224. DATE SIGNED
O HOSPITAL etgined by the TO FUNERAL should be deta with the State APORTANT: H		224 PHYSICIAN'S NAME	collection of the	220 ADDRESS	DIRECTOR PHYSICIAN	1/25 (7)
TO HOSP retained TO FUNE should be with the	22.	PUBLIC CREMATION DELICITION	ochusn,	SENAME OF CEMETERY OR CREMATO	MERLE ACE	najolesje
nn.		BURIAL, CREMATION, REMOVA		A A	CITY OR TOWN	COUNTY STATE
BP	24 F	SURIAL UNERAL DIRECTOR	1	ISBURY CHUIRCH CEM	DATE REC'D. BY REGISTRAT 256. REC	INNEHEUNDEL MD-
DHMH - 16 50M 4/83 (VRA 15, 4)	1		ZANCO SE	VERNA PARK MAD. 1	074001 46	I could

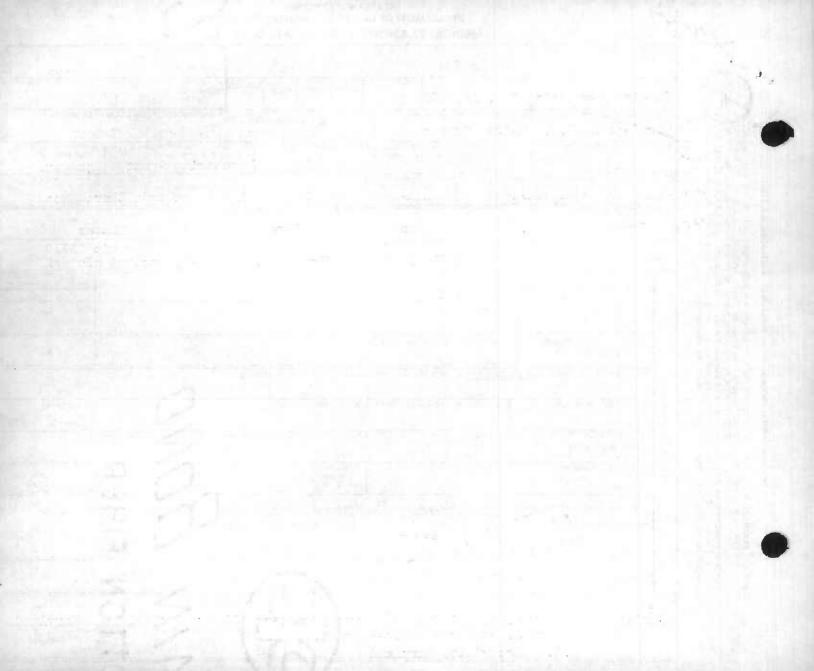
PE E ME to me your Three 3 To the Estriction of the second of th The land I think the following the state of LOURS OF THE SHOULD NOT A SHOULD SHOU Namoura Suriness Engages X 17 5 Pages St. 212 3 ASHID ISMANIT TO THE START ELDER EN BROOK DAINE STEEN METERS IN THE STEEL ON The Constant of the Constant o Land Continued to the State of Markey and the company of the compan Marie Collegender 160 : Marie Marie

	TARCE CAUCASIAN 76. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN LENGTH ARLITY CIDESTREET ROTHER INSTITUTION GIVE RESIDENCE BEFORE WARD FORCES? VE WARD FORCES.	MARRIED N N WIDOWED DING HOME OR OTHE APOBESSION) READMISSION) YES [IS MO CHER JRITY NO. 17 INF. 20 HE	EVER MARRIED DIVORCED RINSTITUTION SIDE CITY LIMITS? THER'S MAIDEN NA FIRST	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF CHECKER) 130 STREET ADDRESS / 1476 RUTH ME MIDDLE ADDRESS	28, 1984 PARTY OF DEATH UNDEL COUNTY OF DEA	615 AVEAR IF UNDER 24 HRS. TYS HOURS MIN. TYY MID OF BUSINESS OR RY EIGHT	
RIHPLACE (STATE OR FOREIGN RYLAND TY OR TOWN OF DEATH GLEN BURNIE LI RESIDENCE (IF NURSING HOME OF LAND) THER'S NAME CHARLES VAS DECEASED EVER IN U.S. AF 18 CAUSE OF DEATH IENTER OF PART I. DEATH WAS CAUST	TARCE CAUCASIAN 76. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN LENGTH ARLITY CIDESTREET ROTHER INSTITUTION GIVE RESIDENCE BEFORE WARD FORCES? VE WARD FORCES.	S. DATE OF BIRTH MONIN MARRIED N WIDOWED IG HOME OR OTHE ADDISSION 13d IN: YES THER JRITY NO. 17 INF	EVER MARRIED DIVORCED RINSTITUTION SIDE CITY LIMITS? THER'S MAIDEN NA FIRST	6. AGE (IN YEARS LAST BIRTH 6.3 9 BALTIMORE CITY OR ANNE AR 120 USUAL OCCUPATIO (1YPE OF WORK FOR MOST OF CHECKER 130 STREET ADDRESS / 1476 RUTH ME ADDRES ADDRES	YRS. COUNTY OF DEATH UNDEL COUN WORKING LIFE INDUST FR. ZIP CODE RD 2104	EAR IF UNDER 24 HRS. AVE. HOURS MIN. AUTY AUTO OF BUSINESS OR RY EIGHT	
THE RIHPLACE (STATE OR FOREIGN RYLAND) TY OR TOWN OF DEATH GLEN BURNIE ALRESIDENCE (IF NURSING HOME OF LAND) THER'S NAME CHARLES VAS DECEASED EVER IN U.S. AF EENOORUNKNOWN) THE COUNTY OF THE	CAUCASIAN 76. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN LENGTH ARLITY CIDE STREET ROTHER INSTITUTION GIVE RESIDENCE BEFORE ARUN ARNOLE UTTENRET RMED FORCES? 166 SOCIAL SECU- 2160729	MARRIED N N WIDOWED NG HOME OR OTHE ADDRESSION 13d IN: E ADMISSION 15 MO THER JRITY NO. 17 INE 20 HE	EVER MARRIED DIVORCED RINSTITUTION SIDE CITY LIMITS? NO THER'S MAIDEN NA FIRST ANNA ORMANT	9 BALTIMORE CITY OR ANNE AR 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF CHECKER 130 STREET ADDRESS / 176 RUTH ME MIDDLE ADDRESS	YRS. COUNTY OF DEATH UNDEL COUN NORKING LIFE 12b. KIN WORKING LIFE 17b. KIN WORK LIFE 17b. KIN WORKING LIFE 17b. KIN WORKING LIFE 17b. KIN	HOURS MIN. HOURS MIN. HOURS MIN. MIN.	
RYLAND TY OR TOWN OF DEATH GLEN BURNIE AL RESIDENCE (IF NURSING HOME OF LATE RYLAND THER'S NAME FIRST CHARLES VAS DECREASED EVER IN U.S. AR YES, MOOR UNKNOWN) THE CAUSE OF DEATH IENTER OF PART I. DEATH WAS CAUSE	USA 11. NAME OF HOSPITAL, NURSIN (PNOT IN SUCH FACILITY CIDE STREET NORTH ARUNDEL ROTHER INSTITUTION GIVE RESIDENCE BEFORE ARUN ARNOLI MIDDLE UTTENREIT RMED FORCES? 16b SOCIAL SECU 2160729 Only one couse per line for (o.), (b.), on	MARRIED N N WIDOWED IN WIDOWED IN THE NO. 17 INF. 20 HE	EVER MARRIED DIVORCED RINSTITUTION SIDE CITY LIMITS? NO NO THER'S MAIDEN NA FIRST MAIDEN NA	ANNE AR ANNE AR 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF CHECKER 130.STREET ADDRESS / 1776 RUTH ME MIDDLE ADDRESS	COUNTY OF DEATH UNDEL COUNDED TO THE WORKING LIFE TO THE WORKING L	MY MID OF BUSINESS OF RY EIGHT	
GLEN BURNTE AL RESIDENCE (IF NURSING HOME OF THE NURSE HOME OF TH	MARIOLE MIDDLE MIDDL	ADMISSION) ADMISSION) YES [THER JRITY NO. 17 INF	SIDE CITY LIMITS? NO X THER'S MAIDEN NA FIRST ANNA ORMANT	TYPE OF WORK FOR MOST OF CHECKER 13e.STREET ADDRESS / LTG RUTH MIDDLE ADDRESS	VORKING LIFE) INDUST FR. ZIP CODE RD. 2104	EIGHT	
THER'S NAME CHARLES VAS DECEASED EVER IN U.S. AF 18 CAUSE OF DEATH IEnter o PART I. DEATH WAS CAUSE	MIDDLE UTTENREIT RMED FORCES? 16b SOCIAL SECUL VE WAR OR DATES) 2160729 Only one couse per line for (a), (b), on	THER IS MO THER IT INF IT	THER'S MAIDEN NA FIRST ANNA ORMANT	ME MIDDLE	RD. 210	LAST	
CHARLES VAS DECEASED EVER IN U.S. AF TES, MOORUNKNOWN) IB CAUSE OF DEATH IENter o PART I. DEATH WAS CAUSE	WITENREIT RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 2160729 Only one couse per line for (a), (b), and	CHER JRITY NO. 17 INF	ANNA	ADDRES	SS		
IS CAUSE OF DEATH IEnter o PART I. DEATH WAS CAUSE	ve WAR OR DATES) 2160729	20 HE					
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), an	L. 0	DDIE UTT	BUNKE LIBER		TOD	
PART I. DEATH WAS CAUSI	nly one couse per line for (a), (b), an			ITTENREITHER 476 RUTH RD. APPROXIMATE INTERVAL BETWEEN ONSET AND DE.			
	Mellot	is the	no Puess	200 AUTOPSY?	20b. IF YES, WERE FIT IN CERTIFYING CAU	NDINGS USED USES OF DEATH?	
21 ACCIDENT WAS UNDERLYING F	215 TIME OF INTURY	121c H	OW IN HIPY OCCUR	YES NO	YES 🗍	NO 🗌	
OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	OW INSOME OCCUP	TENTER NATURE OF PAJOR	THE TEN TO VARI TORVAR	41	
21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LC	OCATION STREET	CITY OR TOW	NN COUNT	Y STATE	
	nital) attended the deceased from_		, 19_5-(2 to	28 19 X	k. that (I) (we) I	
saw the deceased alive on							
Ped. PHYSICIAN'S NAME (IVE	PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS 605 BALTIMORE - ANNAPOLIS				- 28.8X		
MUSTAFA C.	OZ. M.D.		SEVERNA	PARK, MARYLA	AND 21146		
BURIAL, CREMATION, REMOVA	1 23b. DATE 23c		RY OR CREMATORY	23d. LOCATION	COUNTY	STATE	
	1/31/84 0	AKLAWN		DALITU.			
3	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED AT WORK NOT WHILE AT WORK NOT WHILE AT WORK (I)((we) (did) (did in 220. I certify that (I) (this hosp sow the deceased alive or obove, (I)((we) (did) (did in 220. SIGNATURE) 221. PHYSICIAN'S NAME (TYPE	UNTIAL CREMATION, REMOVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 190. DATE OF OPERATION 190. CONDITION FOR WHICH 190. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED 210. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on obove, (I)(we) (Idid) (Idid not) view the body atterdeath. 220. SIGNATURE 220. SIGNATURE 221. COZ. M. D. 322. DATE 323. DATE 324. PHYSICIAN'S NAME (TYPE OR PRINT) MUSTAFA C. OZ. M. D. 324. DATE 325. DATE 326. DATE 326. DATE 327. DATE 328. DATE 329. DATE 320. DATE 320. DATE 320. DATE 321. DATE 321. DATE 321. DATE 322. DATE 323. DATE 323. DATE 324. DATE 325. DATE 326. DATE 327. DATE 327. DATE 328. DATE 329. DATE 320. DATE 320. DATE 320. DATE 320. DATE 321. DATE 321. DATE 321. DATE 322. DATE 323. DATE 323. DATE 324. DATE 325. DATE	UNIAL, CREMATION, REMOVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS 210. ACCIDENT WAS UNDERLYING 190. CONDITION FOR WHICH OPERATION WAS 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d. INJURY OCCURRED 21d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. PHACE OF IN	UNDER SIGNIFICAN CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. CONTRIBUTING CAUSE OF DEATH CHECK THE CONTRIBUTING CAUSE OF DEATH CHECK THE CONTRIBUTING CAUSE OF DEATH CHECK THE CAUSE OF THE CAUSE	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTIONS CONTRIBU	Underlying couse lost. C	

			49			
						227
			Jeriakov			
					Charles Man	
ctore	. OUR PRUM AND IN THE			a Tiv.	Tita I San t	
				2	MARKET S	
	378 SEE TARKETON TO THE		21407	II		
				01.341		
. Muse	L. CAUN.	Charles	11 / 40 /	1		
	ARCHITECTURE CONTRACTOR	Market 1	Chang.	012		

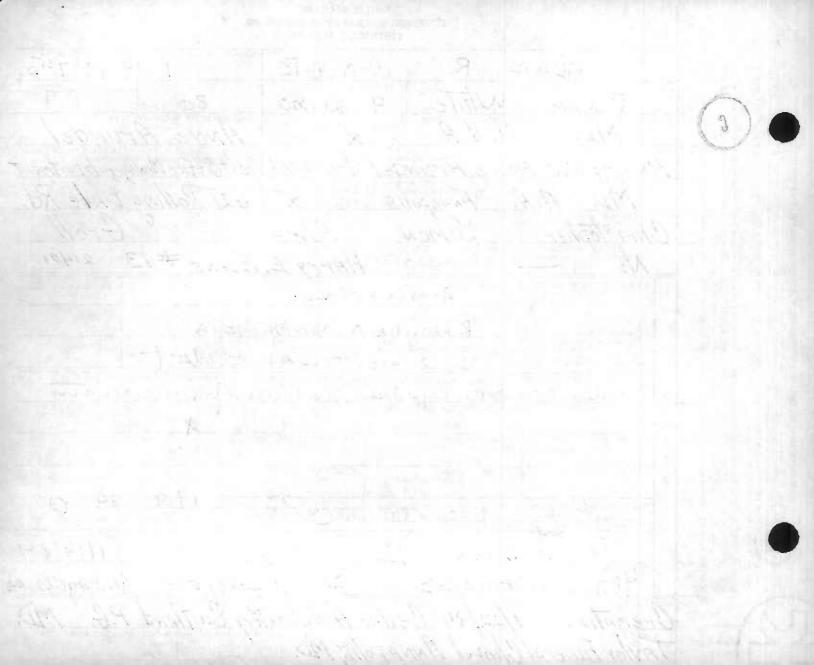
20M 4/82

STATE OF MARYLAND



All Dunders in 100 100 January 100 100 100 Market Walley and a sile of the or mirrallicus y sale of or the sufficient of the first section of am the along the production bearing at 1814 East 12 or all Transcommend when it was the way the sold for the sold fo

3.	3		FOR STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH	REG. NO.	10255
9 4	eo dy		CEASED NAME FIRST PLN	1A R	WEAUBR.	20. DATE OF DEATH MONTH	19 84 735 PM
ge 4 moy	1	3. SE	Female	White	5. DATE OF BIRTH DAY 1900	S. AGE (IN YEARS LAST BIRTHDAY) 83 Y.R.S.	MONTHS DAYS HOURS MIN.
deoth. Po	(I)	(OUNTRY) MD,	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	runde/ MD.
201 rs ofter	by the filed w	1	NNA POLIS	ANNE HYU	NOC GENERAL	120 USUAL OCCUPATION 1/3E OF MORE AST OF THE MAN	LIFE 126. KIND OF BUSINESS OR INDUSTRY
AND 21;	filled in	13a S	AL RESIDENCE (IF NURSING HOME CONTATE 13b. CONTATE 13b. CONTATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEI	ORE ADMISSION) 13d. INSIDE CITY LIMITS? YES NOX	3e. STREET ADDRESS //INC	a Dave Rd.
MARYL, red within	ond 2 sh	IA FA	hristopher	MIDDLE SIMO	15. MOTHER'S MAIDEN NAM	WIDDLE	Groll
riMORE,	a. Poges 1		VAS DECEASED FVER IN U.S. A les, ND OYUNKNOWN) (IF YES, G		2-5327 HAMY E,	EVANS #1.	3 21401
ST., BAL	g physicio onpopers emovol. event, the		PART I. DEATH WAS CAUS	anly ane cause per line for (a), (b), SED BY: ATE CAUSE (a)			APPRÖXIMÄTE INTERVAL BETWEEN ONSET AND DEATH
RESTON deoth ce	move corb nation, or troumotic		Conditions, if any, which gove rise to immediate	DUE TO, OR A GONSEC	DUENCE OF " ANN AUS	plazia.	
ol W. Pr	d by the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	overge of unscular	Accident	
ORDS, 20	n signer Then pl or to burn injury, o	NOIL	Diasetes, Al	TOMOR, My	O DEATH BUT NOT RELATED TO THE TERMIN	sell Joules, C	closing
TAL RECORD	Cion.	CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED	YES NO Y	ES, WERE FINDINGS USED OF YING CAUSES OF DEATH? YES \(\begin{array}{c} NO \(\begin{array}{c} \end{array} \)
SION OF VI	certificate harrial transfer	MEDICAL CE	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	D (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART ?)
	After the e os the bolth and morked a	MEC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
ATTEN	CTOR. d for us			pitol) ottended the deceosed from	, and that in (my) Jour) apinion do	eath occurred an the date and ha	pur and from the causes stated
A O WHA	State D		22d. PRYSICIAN'S NAME (TYPE	Jaman Brand	1	MEDICAL STAFF DIRECTOR PHYSICIAN	1119184
10 HOS	TO FUN thould b	230 &	PENO E (PURIAL, CREMATION, REMOVA	() AMARAS	S JUS RUD	gely Dol	Annagalis ins.
В	BP	6	PEMALLON INERAL DIRECTOR	1/22/84	Ledar Hill Cemel	R. D. BY REGISTRAR 25b. REGIS	P.G. MD.
	H - 16 50M 4/82 [VRA 15, 4]	7	Tylor Funer	al Chapel Hi	INA Polis, MD	5	



3	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE &	00256			
	REGISTRAR 1. DECEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO				
e & £	(TYPE OR PRINT) IRENE		VEIGEL					
may be poge 3	3. SEX	I4. RACE	S. DATE OF BIRTH	JANUARY 6. AGE (IN YEARS LAST BIRT	19, 1984 725 PM			
ge 4 m	Female	White	May 14, 1898	85	MONTHS DAYS HOURS MIN			
heoth. Po	Maryland	U.S.A.	MARRIED NEVER MARRIED XXX		R COUNTY OF DEATH RUNDEL COUNTY MD.			
o) the fu	GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IFNOT IN SUCH FACILITY GIVE STREET NORTH ARUNDEL	OF HOME OR OTHER INSTITUTION ADDRESS! HOSPITAL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF EXPORTE:	F WORKING LIFE) INDUSTRY			
Hanb 212 thin 24 hour by filled in I should be f	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COL Maryland A		N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 246 = Rt	ZIP CODE South			
E, MARY	FIRST	rnard Weigel	Rosa	#IDDLE	Schaeflein			
dicol dicol	160 WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)		ADDRE	SS			
TIMO	no	212-03-	-8831 Wynn Maule	r 220 Sud	brook La. 21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours rathending physician. Wher this certificate has been signed by the attending physician and compilely filled in by as the burial-transit permit. Then please remove carbonpapers, tages 1 and 2 should be fill the and Mental Hygene prior to burial, cremation, ar removal. The statement of the statement of the statement of the medical permits mysibe and are them 18 shows any injury, or other traumatic event, the medical permits mysibe of the statement of the	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSCOUL	c lens	Shuf &	DUST			
he law re no has been prior to permit.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
SICIAN: TI ng physical certificate urial-transit vental Hygi	OR CONTRIBUTING CAUSE OF DE	R) HOUR A.M. MONTH DA	19					
NG PHY offer this os the bi th and A	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC) 211 LOCATION STREET	CITY OR TOV	WN COUNTY STATE			
ATTENDI Ospitol or CCTOR: A d for use r of Heol	saw the deceased alive a above, (I) (we) (did) (did n	27a certify that (1) (this haspital) attended the deceased from 19 5, to 19 7, that (1) (we) last saw the deceased alive an 19 8, and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body other depth.						
by the ho by the ho ERAL DIRE State Dep	275 SIGNATURE	18,08		MEDICAL STAF	IAN 🗌			
TO HOSPITA retained by TO FUNERA should be de with the Stot	RECEP FROL.	М. D.		NIE, MD. 210	ORIVE, SUITE 104			
5 6 5 ÷ 3 ₹	23a. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION				
BP	Burial	1/23/84 Pr	ospect Hill Cen	Towson,	Balto, Maryland			
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR Raymons C.	Ti - 1- 0 000 000 000 000 000 000 000 000			25b. REGISTRAR'S SIGNATURE			
(VRA 15. 4)	Ravmons C.	rink Gien	Burnie, Md. 11	IN 2 3 1984	Las a Comment			

IN SECTION SECTIONS		
	The second second	16ma3 m
		Sustant
apinoratoria, itantoria -	Value III alian in takin	
	s de veret de .a .a .a	
10 mm	222-03 8877 Year Lau	
JED W. P.	2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Refer Andre	The state of the s	
	AND THE STREET	
es desect, tarte, l'ampland	1 (3/84	
	game, alte alte norman, Ma.	O samping

	FOR STATE REGISTRAR	MEDICAL EXAM	TATE OF MARYLAND OF HEALTH AND MENTAL I SINER'S CERTIFICATE C	F DEATH REG. NO.	0 2 5 /
T MALENT	DECEASED NAME TYPE OR PRINT) LX LA RACE	MIDDLE MIDDLE 6. AGE (IN YEARS IF UNDER 1 YR. IN UNDER	OF ESTI-	AONTH DAY YEAR 26 HOL
(開建)	FEMALE WHITE	MONTH DAY YEAR LAST BI	YRS.	PRONOUNCED DEAD	2 19 84 222
	CITY OR TOWN OF DEATH	U - S - A	MARRIED NEVER MARR	IED 1 (1) 1D.	INDEL
THE STATE OF THE S	ANNAPOLIS	(IF NOT IN SUCH FACILITY, GIVE STREET ADDR. ANN ARUNDEL	GENERAL HOSPITAL	FOR MOSPOF WORKING LIFE)	OR INDUSTRY
ANNO 30 130 130 130 130 130 130 130 130 130	UAL RESIDENCE (IF IN NURSING YOME OF STATE	13c CITY OR TOW		# 2 W-/low	but Idale
ORE, MD BEATH. II	FATHER'S NAME FIRST HILLIAM	J. WHIT	15. MOTHER'S MAID FIRST LULU	EN NAME MIDDLE	SINK
	WAS DECEASED EVER IN U.S. ARM (YES, NO. OR UNKNOWN) (IF YES, GIVE Y		STOR GERTRUDI	ADDRESS E W. GREGILY-S	7EVENSULLE M
NUT BE EXECUTED WITHIN 24 HOULD BE EXECUTED WITHIN 24 HOULD WITHIN 24 HOULD BE MEDICAL EXAMINER ALONGED AS A BURRAL-TRANSIT PERICH AND MENTAL HYGIEN AL, CREMATION, OR REMOVAL CATION		(b)		RT) (a).	
2 QQ 7 3 5 % E	190. DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATION WAS PERFORMED?		20 AUTOPSY? YES NO
CERTIFICATE SH CERTIFICATE SH DED TO THE CY E 3 SHOULD BE E E DEPARTMENT (I) PRIOR TO BUIL MEDICAL CERTI		EATH P.M. 19	YEAR	ED TENTER NATURE OF INJURY IN ITEM TO PART	1 OR PART 2)
	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOA STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STAT
LE EXAMINER: OULD BE FORM IL DIRECTOR: H, WITH THE S , MARYLAND,		e of the remains described above, held on causes , Accident ,	Suicide , Hamicide , TITLE (SPECIFY)	Undetermined manner ,	DATE 1-3
3 m m m m 0					
TO MEDICA EXECUTETH PAGE 4 SH TO FUNER PATER DEAT	EXAMINER'S NAME A POPULATION (TYPE OR PRINT)	TES E WHEEL	ER ADDRESS 91	23d LOCATION	Gunupolis
BP	(TYPE OR PRINT)	7ES E WHEEL 23C. NAME OF An. 5. 1984 Fall	CEMETERY OR CREMATORY	BRIRTHOR	Granapolis RARIS SIGNATURE

THE RESERVE OF THE PARTY OF THE 14.5.16 ANS NEWSCH Private ANNARIUS AND ARLAGE GERBLE MONTAL MORRESPORTE *2 11 11 11 11 11 MILLIAN N 75 W.M. STE-62-876 GERTRUDE A GRADAUS-STRUBBLUE 11/3 French I'm P. 1992 Fait Brook willy Brokert

Md.

Hardesty Funeral Home

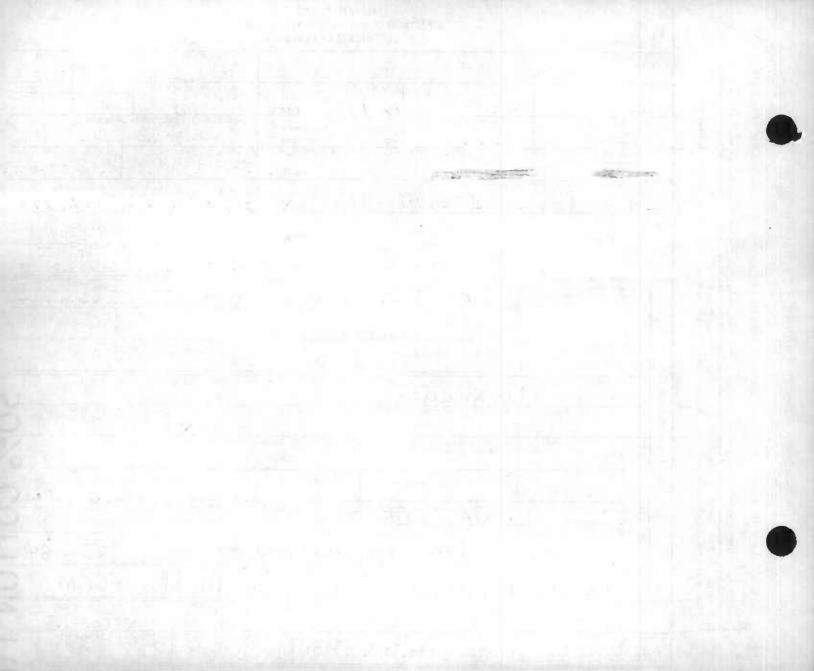
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



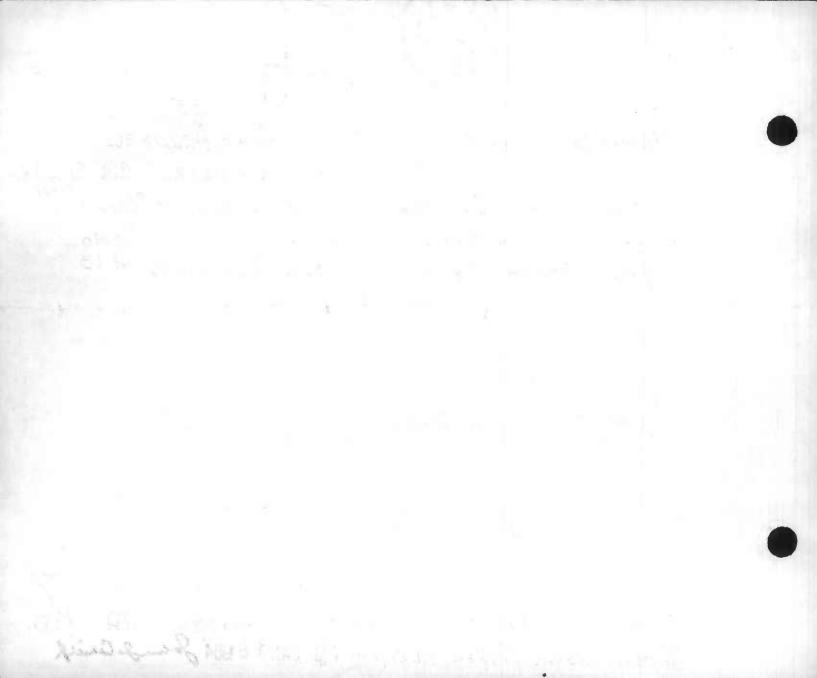
1	1	
may be	dept.	
sth. Poge	ral direct 72 bauma	2/
ofter dea	by the fune	To Marie
n 24 hours	Titeday to the tited to the tit	33
uted withi	Serie /	100
te be exec	ers. Pages	The medica
h certifical	ding phys arban pap ar removo	ofic event,
the deat	the atten	her froum
quires tho	signed by hen please to burial, a	ijury, ar of
he law recon.	has been t permit. T iene prior	ows any ir
SICIAN: T	certificate priol-transi entol Hyg	Irem 18 sh
OING PHY or offendi	After this e os the bi olth and N	marked or
R ATTENE	RECTOR: hed for us ept. of Hed	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical
OSPITAL C	JNERAL D 3 be detoc he Stote D	RTANT: #
TO HC	shaule	MPO
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page Amay be retained by the haspital or ottending physician.	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page armon be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and temporary filters in by the funeral director, page 18 should for use as the buriol-transit permit. Then please remove carbon pages, again 19 no. 2 han do not filed within 72 hour activity death with he State Dept. of Health and Mental Hygiene prior to buriol, cemotion, or removal.

STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR	DEPART		HEALTH AND ME			0 0		
1		EASED NAME FIRST	MIDDLE		LAST	52	REG. NO Reg. DATE OF DEATH M		YEAR 2b	HOUR
		404	d A.	u	Villian	75		1 14	84	PM
1	3. SEX	nalo	11)hite	5. DATE (H DAY	YEAR	, AGE (IN YEARS LAST BIRTH	MONTHS		UNDER 24 HRS DURS MIN.
À	7a. BIR	THPLACE ISTATE OF FOREIGN	7b. CITIZEN OF WHAT COUNTRY	? 8		28	BALTIMORE CITY OR	COUNTY OF DEA	ATH	
ì	MI	PYLAND	USA	WIDOWI		RCED	INNE HIRL	NDEL		MD.
1	An An	napolio .	11. NAME OF HOSPITAL, NURS	544101	OR OTHER INSTITU		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK FOR WORK F		L'SE	USINESS OR PUILE
)	USUA 13a. S	TATE M.D. 136 PUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	MN	+	0 🔀	3 STREET APORESS /	St. Chair	ERI	21401
1	W.	THER'S NAME	Wilhiams		15. MOTHER'S N	SIE	MIDDLE	Co	HO	
	16a W	AS DECEASED EVER IN U.S. ARI	E WAR OR DATES)	URITY NO.	17. INFORMANT	1.1.4	- L)-/ADDRES	s #	13	
		YES KOR	EA 216-12	2376	DETT	WIN(ER WILLHIHI	MS T	APPROXIMAT	E INTERVAL ET AND DEATH
		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), a D BY- E CAUSE (a)		of Park	Croas		BE	TWEEN ONSE	ET AND DEATH
		1579	DUE TO, OR AS A CONSEQU	JENCE OF						
		Conditions, if any, which gove rise to immediate	(b)							
		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	JENCE OF						
	7	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR COND	ITION GIVEN IN P	ART Ito	
A	CERTIFICATION	Na DATE/OF OPERADON	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORA	MED	20a AUTOPSY?	206. IF YES, WERE		
	TEC	18/85/84	Rowel assing	lan			YES NO	IN CERTIFYING C		DEATH?
		210. CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORP	ART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M.	19	211 LOCATION			-		
	M	AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	STREET	07	CITY OR TOW	n cou	MTY	STATE
	- 1		tal) attempted the discooned from	201	M	19.00	_, to	19		(I) (we) lost
		saw the deceased alive on abave, (f) (we) (did) (did not 77% SIGNATURE	viewahe body offer death.	-10	DEGREE	ur) opinion de	oth occurréd on the dot		DATE SIG	
7		(Julla) /	f M. Jo Dry	oppour.	HISTOR	YSICIAN (X)	MEDICAL STAFF		119,	189
		HITADIAL,	S. B.		SOI/	nelun	, Ansono	Vo Ma	1.21	40/
	23a B	URIAL, CREMATION, REMOVAL	1/17/84 /-	NAME OF C	EEST OR CRI	MATORY	LOCATION CITY OR TOWN	AA	. 1	4.75.
	24 FU	NERAL DIRECTOR	CIAN-I ADDAS	111111	di Ma	25a DATE	REC'D. BY REGISTRAN	Sb. REGISTRAR'S S	GNATURE	1
	IA.	YUR THUREAL	CHAPEL A	שיואטיע	r-2 1 1	PAIL .	U 1504 01			

DHMH - 16 50M 4/83 (VRA 15, 4)

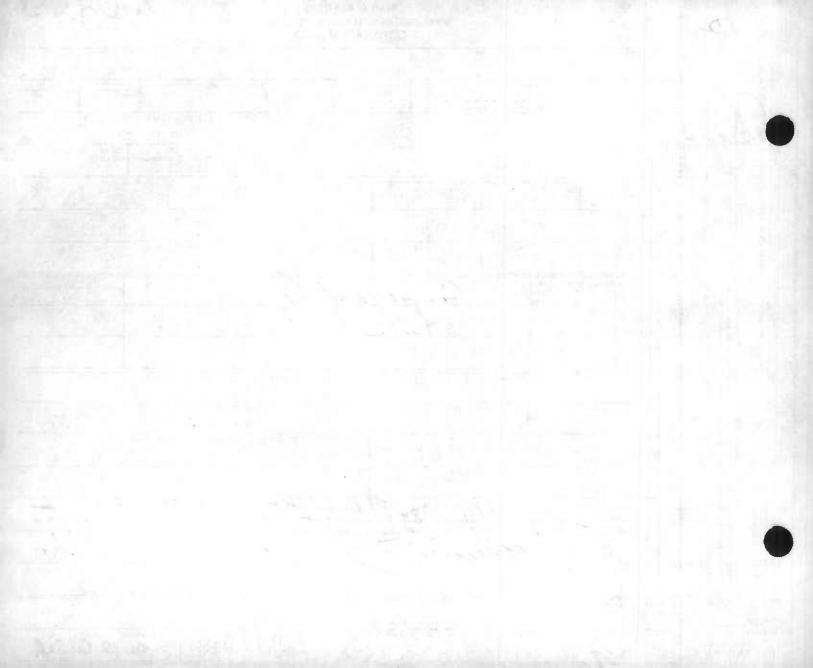
BP.



ROBERT E. EVANS 1212 WEST ST. ANNAPOLIS

(VRA 15, 4) 1/79

STATE OF MARYLAND



5	FOR STATE		D	EPARTMENT OF		ITAL HYGIEN	NE 5 %	0 0 2	6 1
(P	REGISTRAR				ICATE OF DEA		REG. NO.		EST
4	1. DECEASED NAMI	JOHN	Baker	WILLI		20	JANUARY 21.	DAY YEAR	26. HOUR 300 AM
moy .	3 SEX		4. RACE	5. DATE	OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
ors of	Male		White	Dec	19, 19	17	72 yr	RS.	HOURS MIN.
perol di	70. BIRTHPLACE (S COUNTRY) Baltimor		76. CITIZEN OF WHAT CO	UNTRY? 8. MARRIE WIDOW	D NEVER MAR	RRIED '	ANNE ARUNI		Y
s offer de	10 CITY OR TOWN	OF DEATH IRNTE	11. NAME OF HOSPITAL,	NURSING HOME (TION 12	TO USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN Self-Employed	126. KIND C	OF BUSINESS OR
filled in the most be filled	USUAL RESIDENCE 130. STATE Maryland		OTHER INSTITUTION GIVE RESIDEN	or town Burnie	13d. INSIDE CITY	LIMITS? 13	e.street address / zip c 7885 Gordon C	ODE	21061
ed within 24 mpletely fille and 2 should	14 FATHER'S NAME	,	widdle Wil	ling	15. MOTHER'S MA			LA	
	160 WAS DECEASE		E WAR OR DATES)	AL SECURITY NO.	17 INFORMANT		ADDRESS		
cate be executed by the cate of cate o	No			07-1388	Mary E.	Willi	ng, Same as 1		(MATE INTERVAL ONSET AND DEATH
W. PRESION SI., of the death certific y the attending ph se remove corbano cremation, or remo	Conditions,	if ony, which ta immediate stating the	DUE TO, OR AS A CO	insequence of	otate (Pencer		4	grs
DIVISION OF VITAL RECORDS, 201 other displaying physician. The law requires the other lighted by the beautiful from the prior to burnol mond among from the burnol arked or flette. (If also a day miury, or or day miury, or or day miury, or or day miury, or	190 DATE OF	PULVO	196 DONDITION FOR	NSI'S	N WAS PERFORMI	ED	YES NO	YES, WERE FINDI RTIFYING CAUSES YES	NGS USED
Paris de l'Annois		WAS UNDERLYING UNG CAUSE OF DEA	TH HOUR A.M. MON		21c. HOW INJUR	RY OCCURRED	ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2}	
UG PHTSR offerding the this cer is the busin hand Mem	216 INJURY	DCCURRED NOT WHILE AT WORK	P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY		211. LOCATION STREET	0//	CITY OR TOWN	COUNTY	STATE
ATTENDIA inputal or ICTOR, Al If for users 1, of Health in 21 is mo	sow the obave, (I	deceased alive an.) (we) (did) (did nat	tal) attended the deceased 2001) view he bady after deat	1984		r) apinian dec	to JAN Z	hour and fram the	
ERAL DIRE	17h SIGNATI	JANE WAS	Am	-		SICIAN I	MEDICAL STAFF		lie I
FOR THE POST		S. HSU.			GLEN		OAKWOOD ROAD E. MARYLAND	, SUITE 1 21061	.04
5 5 5 1 3	23a. BURIAL, CREM.		23b. DATE		EMETERY OR CRE	MATORY	23d LOCATION		6440
BP	Burial 24 FUNERAL DIRECT	TOP	23 Jan 84	Glen H	aven Mem.	Park	Glen Burnie		MD'
DHMH - 16 50M 4/B3 (VRA 15, 4)			y, Glen Burr	nie, MD		JA	N 2 3 1984	shing.	Court

	-
AND THE RESERVE OF THE PROPERTY OF THE PROPERT	
CONTRACTOR OF THE STATE OF THE	

al arre-- Sall Sigar John & aring aning

TO DECEASE NAME 1931 DECEASED NAME 1931 DECE		1	FOR			TE OF MARYLAND	VOIENE &	0 0 2	6
The DATE OF PEATH MODILY THAN 12		11.		T. WIST			TOTENE W		
SERVING ROUND PART		LDE		1. 11.102					Tarrestia
September Sept	ωŧ		E OR PRINT)	/			20 DATE OF DEATH		2h HOUR
The BRTHPHACE (TAN DATORION IN CHIZEN DE COUNTY OF BEATH AND COUNTY OF TOWN ARRED NEVER MARRIED NEVER MAR	0 0	_							
MARKED NEVER MARRIED NEVER MARRIED Anne Arundel Co. NECTIVOR TOWN OF DEATH II NAME OF HOSPITIAL, NURSING HOME OR OTHER INSTITUTION The UNION OF BUSING HOME OR OTHER INSTITUTION OR STATE HOME OR OTHER INSTITUTION OR OTHER INSTITUTION OR STATE HOME OR OTHER INSTITUTION OR OTH	Sign of the state	L	male	1 RACE	- MOI	NTH DAY SAR		MONTHS DAYS	IF UNDER 24 HR
Brooklyn Meridan fursher Center Succession Successio	35				MARR		Anne Amin		
186 MAR. 187 188 ALTERNOR 18	90			Meridi	F HOSPITAL, NURSING HOME	OR OTHER INSTITUTION			
1. FATTER'S NAME	25	ISU 30	AL RESIDENCE HE NURSING HOMESTATE	OR OTHER INSTITUTIO UNTY		134 INSIDE CITY LIMITS?	132 STREET ADDRESS	Ave (21225)	
John It, Wisthoff Ida May Young John It, Wasthoff Ida May Young John It, Wasthoff Ida May Young John It, Wasthoff Ida May Young John John It, Wasthoff Ida May Young John	-	-			Dazumore			Ave. (LILL)	
Security No. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 215-03-2727 Rueben B. Wisthoff (same as 13e)	SAV	1		MIDDLE	LAST			LAS	ī
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (cc.)	10	1		L.		Ida	May		
NO 215-03-2727 Rueben B. Wisthoff (same as 13e)	C/ die		WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECURITY NO	17. INFORMANT	ADDRE	ŝS	
18 CAUSE OF DEATH LEnter only one couse per line for (o), (b), and (c))	2			one man on pares,	215-03-2727	Rueben B. W	Visthoff (same	e as 13e)	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse 10: storing the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN TITEM IS PART 1 TO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN TITEM IS PART 1 TO PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN TITEM IS PART 1 TO PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN TITEM IS PART 1 TO PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN TITEM IS PART 1 TO PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN TITEM IS PART 1 TO PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN TITEM IS PART 1 TO PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN TITEM IS PART 1 TO PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN TITEM IS PART 1 TO PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN TITEM IS PART 1 TO PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN TITEM IS PART 1 TO PART 2 OTHER SIGNIFICANT COND	- ¥		18 CAUSE OF DEATH (Enter	only one couse pe	er line for (a), (b), and (c),)			APPROXI	MATE INTERVAL
OR CONTRIBUTINGCAUSE OF DEATH	5 0 6	7	underlying couse lost	(c)_	Arteri				a
OR CONTRIBUTING CAUSE OF PEATH OR CONTRIBUTING CAUSE OF PEATH P.M. 19 216 PLACE OF INJURY (If EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED WHILE ALWORK ALWO		ATION	190 DATE OF OPERATION	19b CONI	DITION FOR WHICH OPERAL	ON WAS PERFORMED	20a AUTOPSY2	20h IF YES WERE FINDIN	AGS LISED
OR CONTRIBUTING CAUSE OF DEATH (I) FEITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED AT WORK AT WORT AT WORK AT WORD AT WORK	9 9 5	F				or the ten owner		IN CERTIFYING CAUSES	OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT MOME STREET FACTORY, OFFICE FARM.ETC.) 21d. LOCATION STREET 21d. LOCATION STREET CITY OR TOWN COUNTY WHILE AT WORK AT WORK	sho of	1 3	71n ACCIDENT WAS UNDERLYING	71b. TIME	OF INJURY	121c HOW IN IURY OCCU			№ □
19 19 19 19 19 19 19 19			OR CONTRIBUTING CAUSE OF D	EATH HOUR A	A.M. MONTH DAY YEA	R	ORNED LENIER NATURE OF INJUR	TIN TEM IS PART LORPART 2)	
220. I certify tho (1) (this hospital) attended the deceased from 19 10 10 23 10 10 10 10 10 10 10 10 10 10 10 10 10	#	Š							
270. I certify tho (I) (this hospital) attended the deceased from		MEC					CITY OR TOV	IN COUNTY	STATE
sow the deceased felive on obove, (I) (we' field) (did not) view the body after depth. 226 SIGNATURE DEGREE Mr. DATE SIGNED	a de la constantina della cons			- 1-1) - 11-11-11-11-11-11-11-11-11-11-11-11-1	L		1 - 2 2	G.	
226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYS	He							19 19	that (I) (we) I
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR	m 2 m	1	obove, (I) (we) (did)(did i	not) view the bod	y atter death.		on dealin occurred on the do		
230 BURIAL, CREMATION, REMOVAL 23b DATE 23c, NAME OF CEMETERY OR CREMATORY CITY OF TOWN CUTY OF TOWN COUNTY Burial 1/26/84 New Cathedral Cem. Balto. 24 FUNERAL DIRECTOR Balto., Md. 21225	Dep Per		220. SIGNATURE				AAEDICA) STAEI		SIGNED
236, NAME OF CEMETERY OR CREMATORY 236, LOCATION COUNTY Burial 1/26/84 New Cathedral Cem. Balto.	det det		ten	سند			DIRECTOR PHYSICI	AN 🗌	
236, NAME OF CEMETERY OR CREMATORY 236, LOCATION COUNTY Burial 1/26/84 New Cathedral Cem. Balto.	he S RTA				1 1 1 -00	22e ADDRESS		12. 12 11.	. Mal
Burial 1/26/84 New Cathedral Cem Balto. 24 FUNERAL DIRECTOR Balto. Md. 21225	= 8		766	ni ve	1347	1600 Ha	monory	son Boulde	1212
Burial 1/26/84 New Cathedral Cem. Balto. New Cathedral Cem. Balto. Nature 1/26 FUNERAL DIRECTOR Balto., Md. 21225	3 5			L 236 DATE	23c. NAME OF	CEMETERY OR CREMATOR	Y 23d LOCATION		100
M 1/81 24 FUNERAL DIRECTOR Balto., Md. 21225 250 DATE REGISTRAR 256. TEXTS SIGNATURE	_ 7	1	Burial	1/26	/84 New C	thedral Com		COUNTY	STATE
	OM 1/81	24 F	UNERAL DIRECTOR Balt	o., Md.			ATE REC'S BY REGISTRARIZ	Sh. PERISTRAR'S SIGNATE	Md.
George J. Gonce F.H. 4001 Ritchie Hwy.	RA 15, 4)		NAME	*	ADORESS		AN 25 1984	John & C	shell

Walter .. z dilli dell'inche anni Casta ave about 1 x ymateria . Lieb Al -1-12 ucusa . itefanan esam an 136 vota more than the state of the stat The state of the s

DHMH - 16 50M 4/83 (VRA 15, 4)

1	FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH		REG. NO.	0	0 2	6 4 EST
	ECEASED NAME PE OR PRINT)	INDA	LEE	WOLFO	RD	JA	NUARY		1984	26. HOUR 415 AM
3. SI	Female	4 RACE Wh	ite	5. DATE C		6. AGE (IN)	EARS LAST BIRTHD		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	BIRTHPLACE (STATE ORFO	U	S · A ·	WIDOWE			NNE ARI			Y
1	GLEN BURNI	E "NOR"	YH"ARUNDEL	AD POSP	OR OTHER INSTITUTION	(TYPE OF WOR	OCCUPATION K FOR MOST OF W emake	ORKING LIFE)	INDUSTRY	Home
13a M	aryland	IS LOUNTY A • A •	Severn	'N	13d. INSIDE CITY LIMITS?	1022	ADDRESS / Z Minna	recode aton?	(211 ka Roa	144) ad
	Trvin	C.	Geoghe		15. MOTHER'S MAIDEN NA Willa		Mae		McGee	
	(YES, NO OR UNKNOWN)	N U.S. ARMED FORCES (IF YES GIVE WAR OR DATES) None			Warren W.	band Wolfo	ADDRESS rd	Sā	ame as	3 13
CERTIFICATION	PART 2. OTHER SIGN	ESS III - ES	Defress	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	OPSY? 2	Ob. IF YES, V	WERE FINDIN	IGS USED
CERTIF	21g, ACCIDENT WAS UNDE		OF INJURY		21¢ HOW INJURY OCCUR	YES T	NO	YES	0	но 🗆
MEDICAL	saw the deceased above, (I) (ve) (8	ALEXAMINER) 21e. PLAC (AT HOME.	111	ARM, ETC)	211 LOCATION STREET		CITY OR TOWN	, 19	COUNTY	STATE hat (I) (Ne) lost causes stated
	226. SIGNATURE 224. PHYSIC HAT S NA ELLIOT	GORBATY,	Solvate M.D.	ly)	ATTENDING PHYSICIAN [226 ADDRESS 7 GLEN BU	845 OAI	STAFF PHYSICIAI WOOD R MARYLAN	OAD,	Jan. SUITE	12,84
23a.	BURIAL, CREMATION, R (SPECIFY) Burial	EMOVAL 236. DATE	23: 1		EMETERY OR CREMATORY		OR TOWN		COUNTY	STATE
24. I	FUNERAL DIRECTOR 2	1 1/1	1041-	-	rnie, MD		en Bur Registrar 256 1984		A.A. AR'S SIGNATU	MD Rhield

THE THE LAND MALENT				
	7 - 2	J	92.0	
			0 0	201120
Monara e de la composición della composición del				
epile) base minosaleis Sici		2.77		
ost of the same	SILEN -	r allena	at see	7 ~
in a series of the series of t		7263.06.5		
and the second	1. Just		A LIS	
E Karang As	his Ma			

(VRA 15, 4)

STATE OF MARYLAND

Helm Contraction That and grant to be a Street and waste the CANAL SERVICE SEA LINE CHANG

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician

deoth. Poge 4 may be

		STATE OF MARYLAND	3-
		DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	4	**********	

Mc Cully Funeral Home 3204 Mountain Rd. 21122

5	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF THE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. EST									
	1. DECEASED NAME FIRST MIDDLE LEGISLATION OF THE STREET WHALEN WRIGHT				ast T	JANUARY		1984	26. HOUR 0846 AM		
1	3. SEX	Male	4. RACE White	5. DATE O		6 AGE (IN YEARS LAST BIR	YRS.	FUNDER LYEAR	IF UNDER 24 HRS HOURS MIN.		
5	BIRTHPLACE (STATE OR FOREIGN RY) arolina		76. CITIZEN OF WHAT COUNTRY? MARRIET WIDOWE			9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY		Y MD.			
4	10. CT	GLEN BURNIE	NORTH ARUNDEL HOSP			(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY		ace (o.			
5	USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADA 130 STATE 130 COUNTY 132 CITY OR TOWN Anne Arundel Pasadena				13d. INSIDE CITY LIMITS?	13 STREET ADDRESS 7831 Baysi	ZIP CODE de Rd.	2112	2		
C	-	THER'S NAME FIRST Warnen	MIDDLE Wrigh	AST £	15. MOTHER'S MAIDEN NA Mangaret	MIDDLE		Mills			
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 149 NO OR UNKNOWN) (IF YES DIV AVAR OR DATES) 244-20-8881			Nellie L. Wright same as 13 E							
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause tol, stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTOOJ RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to									
7	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FO	+ ful	ha	WERE FINDINGS USED ING CAUSES OF DEATH?					
7	MEDICAL CER	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (HE EITHER NOTHY MEDICAL EXAMINE) 218 INJURY OCCURRED	NTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (HER NOTIFY MEDICAL EXAMINER) P.M. 19			21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211. LOCATION STREET CITY OR TOWN COUNTY STA					
		220. I certify that (I) (this hospital) attended the deceased from saw the deceased fine on obove, (I) (we) (drid) (clid nat) view the bady after death 226. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIVING WITH									
		JACK 1. STI	ERN, M.D.		GLEN BUR	RNIE, MARYLA		#135 61			
	3	URIAL, CREMITION, REMOVA SPECIFY) PLOMBINET JNERAL DIRECTOR	1-14-84	10. 11	EMETERY OR CREMATORY EVEN Men. Prk. 250. DA	23d LOCATION CITY OF TOWN GLEN BUS TE REC'D. BY REGISTRAR	mia	A.A. AR'S SIGNATI	Md. URE		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by should be detoched for use as the burial-transit permit. Then please remove corbanopaers: Pages 1 and 2 should be leaved the State Dept. of Heolth and Mental Hygiene prior to burial, cremotion, ar removel.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the

	13, 1819	. 10		
Yumo and the first	X	10	V 3	
June Garce				
759 Superide M. 20122	X	a.	1101511 32191	.MA
ell's"	less in the	تذ بنہ		serve s
night some as 13 C	lellice L. B	1888_05_145	10/6	G
SELVENTER DETERM OF		1.00	A. Supplied	
SERVENTED PRITERS OF			CONTRACTOR OF	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH MIDDLE 1. DECEASED NAME LIYPE OR PRINTS ANTON **JOHN** ZORNAK TANHARY 1084 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX male white 19 AONTHS DAYS HOUR5 HTMOM BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. Md. WIDOWED DIVORCED [ANNE ARINDEL COUNTY ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE WATCHMAN (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) netal GLEN BURNTE NORTH ARUNDEL HOSPITAL USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 3610 Brooks Baltimore 136 COUNTY 13a. STATE Ball timore 13d. INSIDE CITY LIMITS? Md. Brooklyn Ave. YES K NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hugl Anton Zornack Lena 3610 Brooklyn Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) Cindy S. Elliott Baltimore Md. 2122 215 16 0719 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ecoinson IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF 3 month Bastric metastatic Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE O underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 20a AUTOPSY? 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES I 710 ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 71e PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN STATE AT HOME STREET FACTORY OFFICE FARM ETC.) 220 1 certify that (1) (this haspital) attended the deceased from_ saw the deceased alive as and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) were the body atter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 22d. PHYSICIAN'S NAME (WPE OR PRINT) 22e ADDRESS 7845 OAKWOOD ROAD, SUITE 104 TONG S HCII 234 NAME OF CEMETERY OR CREM 230. BURIAL, CREMATION, REMOVAL STATE burial Cedar Hill Cem. Brooklyn BP. Md 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Rithie DHMH - 16 50M 4/B3 George J. Gonce Baltimore Md. 21225 (VRA 15, 4)

